

**Note: Application must be complete and Application fee must be paid at time of submittal**

**TOWN OF GARNER**

[www.GarnerNC.gov](http://www.GarnerNC.gov)

**MODIFICATION TO CONDITIONAL / SPECIAL USE SITE PLAN**

**OFFICE USE ONLY**



**Town of  
Garner, NC  
Planning  
Department**

Case Number \_\_\_\_\_  
 Date Received \_\_\_\_\_ Receipt# \_\_\_\_\_  
 Related Projects \_\_\_\_\_  
 Planning Commission Meeting Date \_\_\_\_\_  
 Town Council Meeting Date \_\_\_\_\_

Type of Request:  Conditional Use Site Plan Review **\$150**  
 Special Use Site Plan Review **\$150**

Number of Copies Required: **Twelve (12) (24x36) folded copies to 9x12 size plus CD (pdf) of plans**

**Note: Due to physical storage space limitations, we respectfully request that you not submit plan reviews out-of-cycle. If you will not be meeting the next submittal deadline, please call the Planning Department at 919-773-4449 to determine the date of the next submittal opportunity.**

Name of Development:		
Property Location(Address):		Parcel Id Number (PIN):
Total Acreage:		Zoning:
Proposed Modification:		

**Number of Lots and or Units (existing & proposed):**

Owner:	Contact Person:
Mailing Address: _____	Telephone: _____ Fax: _____ Email: _____

_____	_____	_____	_____
Owner Print	Date	Owner Signature	Date

Applicant:	Contact Person:
Mailing Address: _____	Telephone: _____ Fax: _____ Email: _____

_____	_____	_____	_____
Applicant Print	Date	Applicant Signature	Date

Site Designer:	Contact Person:
Mailing Address: _____	Telephone: _____ Fax: _____ Email: _____

_____	_____	_____	_____
Site Designer Print	Date	Site Designer Signature	Date