

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

TOWN OF GARNER

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