



PLANNING DEPARTMENT

900 Seventh Avenue  
Garner, NC 27529  
919.773.4449  
www.garnernc.gov

# - MAJOR SUBDIVISION APPLICATION - PRELIMINARY

Requirements: Six (6) 24x36 folded copies to 9x12 size and CD/ thumbdrive (pdf) of drawings.

Note: Application must be complete and Application fee must be paid at time of submittal . See Fee Schedule for Application fee

OFFICE USE ONLY		
Application Number: _____	Date: _____	Receipt: _____
Related Projects: _____	Fee Paid: _____	

Project Name: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Site Location: \_\_\_\_\_

Zoning: \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Number of units existing & proposed:

Number of Lots: \_\_\_\_\_ Wake County PINs: \_\_\_\_\_

Base Overlays: \_\_\_\_\_

Additional Request : <small>(Separate form required)</small>	Special Use Permit (SUP) <small>(Check applicability in Sections 4.7.4 &amp; 6.1)</small>
---	--

Applicant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Plan Design Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

**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 visit the Submittal Schedule at [www.garnernc.gov](http://www.garnernc.gov) to determine the next submittal date.**