



**CLEMMONS
PLANNING
DEPARTMENT**

**Application For
Planning Board Approval**

P. O. Box 1710, Clemmons, NC 27012
3715 Clemmons Road

www.clemmons.org
Phone: 336-766-7511 Fax: 336-766-7536

1. Site Plan Title _____ _____		<input type="checkbox"/> Clemmons	Site Plan # _____
			Tax Map # _____
2. Type of Development _____		3. UDO Use Conditions: Section 2-5. _____	4. Acreage _____
5. Zoning _____	6. # Units/Lots (if applicable) _____	7. Density, if Residential (if applicable) _____	
8. Location of Development _____ _____			
9. Contact Person			
Name and Mailing Address: _____ _____			
(City) (State) (Zip Code)			
Phone: _____ Fax: _____ E-Mail: _____			
10. Map Prepared By			
Name and Mailing Address: _____ _____			
(City) (State) (Zip Code)			
Phone: _____ Fax: _____ E-Mail: _____			
11. Property Owner			
Name and Mailing Address: _____ _____			
(City) (State) (Zip Code)			
Phone: _____ Fax: _____ E-Mail: _____			
12. Tax Block(s) _____ _____ _____	Tax Lot(s) _____ _____ _____	ADDITIONAL INFORMATION TO BE SUBMITTED WITH THE APPLICATION 1. Filing Fee - CHECK (payable to the Village of Clemmons) or CASH (see Planning Staff for current filing fee). 2. Tax Map(s) - one (1) copy showing site and <u>all</u> surrounding property 3. Site Plans - Twenty-five (25) folded copies at a scale not smaller than 1" = 100'. (see Site Plan Checklist)	
13. Streets: Public _____ Private _____			
14. Utilities: Public _____ Private _____			
15. Multifamily Units: Rent/Lease _____ For Sale _____ Undecided _____			

PLEASE MAKE AN APPOINTMENT FOR SUBMITTAL OF APPLICATION.

FOR OFFICE USE ONLY

Use Type	Zoning	Approval Date	Grid Map Number	Aerial Photo Number	Census Tract
Relevant Cases		Township	Geodetic Center	Relevant Subdivisions	
Square Footage	Construction Costs	# Housing Units	Received	Payment Received	
Condominium Date	Planning Jurisdiction	City	Date: _____	Amount: _____	
Plat Book	Page Number	Staff Person	Time: _____	Cash: _____	
				Check #: _____	