



**CLEMMONS  
PLANNING  
DEPARTMENT**

**Application For  
Preliminary Approval  
Multi-family and Major Subdivisions**

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

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

1. Site Plan Title _____ _____		<input type="checkbox"/> Clemmons	<b>Site Plan #</b> _____
			<b>Tax Map #</b> _____
2. Type of Development _____		3. Acreage _____	
4. Zoning _____	5. # Units/Lots (if applicable) _____	6. Density, if Residential (if applicable) _____	
7. Location of Development _____			
8. Contact Person			
Name and Mailing Address: _____ _____			
		(City)	(State) (Zip Code)
Phone: _____	Fax: _____	E-Mail: _____	
9. Map Prepared By			
Name and Mailing Address: _____ _____			
		(City)	(State) (Zip Code)
Phone: _____	Fax: _____	E-Mail: _____	
10. Property Owner			
Name and Mailing Address: _____ _____			
		(City)	(State) (Zip Code)
Phone: _____	Fax: _____	E-Mail: _____	
11. Tax Block(s) _____ _____ _____	Tax Lot(s) _____ _____ _____	<b>ADDITIONAL INFORMATION TO BE SUBMITTED WITH APPLICATION</b>  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 (may be obtained from the Forsyth County Tax Supervisors Office in the Forsyth County Government Center). 3. SITE PLANS - Twenty-five (25) folded copies at a scale not smaller than 1" = 100'. (See Site Plan Checklist) 4. Building elevations, all four sides - three (3) copies as per Section 2-5.62.	
12. Streets: Public _____ Private _____			
13. Utilities: Public _____ Private _____			
14. 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 #: _____	