



**CLEMMONS PLANNING DEPARTMENT  
STAFF-CHANGE APPLICATION  
FILE # \_\_\_\_\_**

PROJECT #		ORIGINAL APPROVAL DATE	
DATE SUBMITTED:		SUBMITTAL REVIEW#:	
AREA PLAN:		GMA:	
TAX BLOCK(S):		LOT(S):	
CONTACT:		PHONE#:	
ZONING CLASSIFICATION			

STAFF CHANGE SUBMITTAL REQUIREMENTS	Requirement	Submitted	
		Yes	NO
	Letter requesting staff changes, including itemized list of changes.		
	Five(5) copies of the revised site plan highlighting all changes		
	Applicable staff change review fee, based on site acreage.		
	Clemmons project number (#) labeled on all submittal information		
	Supporting documentation, if any, that will support need for the change.		

**DISCLOSURE:** By signing below, I am acknowledging that I have included all applicable information required for a Staff change to be considered "Complete and ready for review." If it is discovered that required information is not included on the plans or I have not provided some required information, I understand that the above referenced project may be delayed in the review process. Further, I am aware that each round of review may take as long as one (1) month, since this review is outside of the scope of our normal review process and is done as a service to the Development Community to allow for minor changes to previously approved plans.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY**

Check Submitted: _____	Letter Submitted: _____	Change Form Complete: _____
Conditions Added: _____	Signed Form/Plan: _____	Call Contact/Inspections: _____