

<u>Technical Review Committee</u> <u>Plan Submittal Checklist</u>

Development Services 112 Goldsboro Street E., Wilson, NC 27893 PO Box 10, Wilson, NC 27894 252-399-2220 www.wilsonnc.org

Name of Project:		City of Wilson Project #:		
Previous Projec	t Name [if applicable]:			
Parcel Identifica	ation Number [PIN]:			
Submittal:	InitialApproved/Signed Copies Requested [8]Mylars for SignaturesOther:		Revision [Fee Charged after 3 rd revision] Digital File Requested [.dwg/.dxf] Recorded Mylar Copy [1]	
Plan Type [Chec	ck only one]:			
Development Plan: Site Plan Site Plan — Minor Addition Floodplain Development Permit			Shopping Center Architectural Renderings	Landscape
City Council: Rezoning Text Amendment Conditional Use District			Annexation	Street Closing
Subdivision: Preliminary Subdivision Recombination Plat Exempt Plat		☐ Minor Plat ☐ Boundary/ALTA Survey		
	djustment: Use Permit	Variance Request	Appeal	
	Plan or Plats – No. of Lots: _ Acreage:			
Owner's Name:				
Applicant's Nan	ne or Firm:			