



TOWN OF LILLINGTON  
**PLAN REVIEW APPLICATION**

Planning & Inspections Department  
106 West Front Street, P.O. Box 296 Lillington NC 27546  
• phone 910-893-2654 • fax 910-893-3693  
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Date: \_\_\_\_\_

Name of Subdivision/Development:  
\_\_\_\_\_

Phase: \_\_\_\_\_

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

Number of Lots/Units: \_\_\_\_\_

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

Acreage: \_\_\_\_\_

Tax PIN Number(s): \_\_\_\_\_

***Applicant Information:***

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

Phone Number: \_\_\_\_\_

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

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

***Owner Information:***

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

Phone Number: \_\_\_\_\_

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

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

***Engineer/Architect:***

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

Phone Number: \_\_\_\_\_

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

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

***Developer:***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

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

**STAFF USE ONLY**

Review Procedure:  Administrative  Regular

Review Stage:  Preliminary Plat  Construction Plan  Final Plat