



Office Use Only
Date Requested: _____
Meeting Date: _____

Sketch Plan Meeting Request

Planning Department • 502 Southtown Circle | Rolesville, NC 27571 | planning@rolesville.nc.gov | 919-554-6517

Project/ Development Name _____

Contact Information (please print)

1.) Property Owner _____

Address _____ City/State/Zip _____

Email _____ Phone _____

2.) Applicant _____

Address _____ City/State/Zip _____

Email _____ Phone _____

3.) Other _____

Address _____ City/State/Zip _____

Email _____ Phone _____

4.) Financially Responsible Party _____

Address _____ City/State/Zip _____

Email _____ Phone _____

Project Description (please print)

Mixed- Use

Residential

Non-Residential

Summary: