

Use on Review Development Plan

Name of Applicant: _____

Date Filed: _____ Meeting Date: _____

Application Accepted by: _____

Fee Amount: _____ File Number: Development Plan _____

Fee Amount: _____ File Number: Use on Review _____

PROPERTY INFORMATION

Address: _____

General Location: _____

Tract Size: _____ No. of Units: _____

Zoning District: _____

Existing Land Use: _____

Planning Sector: _____

Sector Plan Proposed Land Use Classification: _____

Growth Policy Plan Designation: _____

Census Tract: _____

Traffic Zone: _____

Parcel ID Number(s): _____

Jurisdiction: City Council _____ District

County Commission _____ District

PROPERTY OWNER/OPTION HOLDER

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

APPLICATION CORRESPONDENCE

All correspondence relating to this application should be sent to:

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

APPROVAL REQUESTED

Development Plan: __ Residential __ Non-Residential

Home Occupation (Specify Occupation)

Other (Be Specific)

APPLICATION AUTHORIZATION

I hereby certify that I am the authorized applicant, representing ALL property owners involved in this request or holders of option on same, whose signatures are included on the back of this form.

Signature: _____

PLEASE PRINT

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

