

SKETCH PLAN ()

PRELIMINARY PLAN ()

FINAL PLAN ()

APPLICATION NO. _____

DATE REC'D, FEE PAID _____

DATE OF NEXT PLANNING
COMMISSION MEETING _____

DATE APPLICATION ACCEPTED
AS COMPLETE _____

DATE APPLICATION RETURNED
AS INCOMPLETE _____

APPLICANT/AGENT

COMPANY/FIRM

STREET

CITY STATE ZIP

PHONE FAX

DEVELOPER

COMPANY/FIRM

STREET

CITY STATE ZIP

PHONE FAX

LANDOWNER

CONTACT PERSON

PHONE FAX

ENGINEER

STREET

CITY STATE ZIP

PHONE FAX

NAME OF PROPOSED PROJECT

ACRES # OF LOTS

ZONING DISTRICT

42- _____ - _____
TAX MAP NUMBER

DEED BOOK & PAGE NUMBER
(ATTACH COPY)

LIST OF PLANS, DOCUMENTS AND OTHER
SUBMISSIONS ENCLOSED WITH THIS
APPLICATION FORM:

DATE

DATE

DATE

I BELIEVE THAT ALL OF THE ABOVE
IS TRUE, CORRECT AND COMPLETE.

SIGNATURE OF APPLICANT DATE