



Name of Project:	
Location or Address:	

Map & Tax Lot #	T:	R:	Section:	Tax Lot (s):
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Request:

I am the (check one) owner lessee of the property listed above, and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.

Applicant (if different than owner)	Owner
Address	Address
City/State/Zip	City/State/Zip
Email	Email
Phone	Phone
Signature	Signature

Staff Use Only

Date:	Fee\$:	Rcvd by:	Planner:
Type of review: Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/>			
Date of Pre-App meeting:			