



PLAT AND ZONING APPLICATION

PLEASE CHECK THE APPROPRIATE BOX BELOW

- PRELIMINARY PLAT
- FINAL PLAT
- MINOR PLAT
- REPLAT
- PLANNED DEVELOPMENT (PD)
- PD AMMENDMENT
- ZONING CHANGE
- CHANGE OF USE/NEW USE
- SPECIFIC USE PERMIT (SUP)

PROPERTY INFORMATION:

Project Name: _____

Project Address (Location): _____

Legal Description (Lot & Block): _____

Proposed Number of Lots: _____ Gross Acres: _____

Existing Zoning: _____ Proposed Zoning: _____

Existing Use: _____ Proposed Use: _____

APPLICANT/OWNER/SURVEYOR/ENGINEER INFORMATION:

APPLICANT:

Name: _____

Address: _____ Phone: _____

City: _____ Fax: _____

State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

Applicant's Status: (check one) Owner Representative Tenant Prospective Buyer

PROPERTY OWNER:

Name: _____

Address: _____ Phone: _____

City: _____ Fax: _____

State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

SURVEYOR:

Name: _____

Address: _____ Phone: _____

City: _____ Fax: _____

State: _____ Zip: _____ Email: _____

ENGINEER:

Name: _____ Firm: _____

Address: _____ Phone: _____

City: _____ Fax: _____

State: _____ Zip: _____ Email: _____

FOR OFFICE USE ONLY

APPLICATION FEE: _____ SUBMITTAL DATE: _____