



PLANNING APPLICATION

Office Use Only:

Case #: _____ Fee Paid: _____
Application Date: _____ Staff Initials: _____
Applicable Ordinance #: _____ Section: _____
Existing Zoning: _____ Proposed Zoning: _____
Existing Use: _____ Proposed Use: _____

Property Address/Street Location: _____
Applicant Name: _____ Phone: _____
Applicant E-Mail Address: _____
Applicant Mailing Address: _____
Property Owner Name: _____ Phone: _____
Property Owner Mailing Address: _____
Legal Description & PIN of Property: **(Complete Legal from Title or Deed must be provided)**

Type of Request:

- | | | |
|---|---|--|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Interim Use Permit |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Wetlands Permit | <input type="checkbox"/> Preliminary/Final Plat Approval |
| <input type="checkbox"/> Lot Split/Adjustment | <input type="checkbox"/> Critical Area Permit | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Appeal | <input type="checkbox"/> Other _____ |

I hereby declare that all statements made in this request and on the additional material are true. I further authorize City Officials and agents to inspect the above property during daylight hours.

Signature of Applicant Date

Signature of Owner Date

Signature of Owner (if more than one) Date