

APPLICATION FOR REVIEW

Name of Project:	<u>D</u>	<u>DATE</u> :	
ification Administrative Minor Major	Type of Project Subdivision Land Development Zoning Amendment	Review Stage Administrative Informal Concept Pre-Application/Concept	
Assessors Plat(s)/Lot(s):	Realignment &/or Merger ——— Property Location————————————————————————————————————	. Master Plan Preliminary Plan Final Plan on:	
Size of Development:		Zoning:	
Addross.		Phone #:	
Owner's Name:		Phone #:	
Address:		_	
Owner's Name: Address:		Phone #:	
Contact Name:		Phone #:	
Address:		FAX #:	
Signature of Applicant(s)	Signature of Owner(s)	