



Planned Use / Re-Zoning Application

NAME OF PROJECT: _____

ADDRESS/GENERAL LOCATION: _____

SUBDIVISION NAME & LOT NUMBER(S): _____

PARCEL NUMBER(S): _____

PLEASE CHECK THE TYPE OF APPLICATION (PLEASE CHECK ONE):

- PLANNED USE
- RE-ZONING (STANDARD MAP AMENDMENT)

SUMMARY DATA (RESPOND TO ALL THAT APPLY):

PRESENT ZONING: _____

PROPOSED NUMBER OF BUILDINGS: _____

PROPOSED ZONING: _____

PROPOSED GROSS FLOOR AREA: _____

PROPOSED # OF LOTS: _____

AREA IN ACRES: _____

PROPOSED # OF DWELLING UNITS: _____

PRESENT USE: _____

APPLICANT INFORMATION:

DESIGN PROFESSIONAL INFORMATION:

NAME: _____

NAME: _____

COMPANY: _____

COMPANY: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____

SIGNATURE OF APPLICANT

SIGNATURE OF DESIGN PROFESSIONAL

<i>STAFF USE ONLY</i>	
DATE RECEIVED: _____	PROJECT ID #: _____
APPLICATION RECEIVED BY: _____	STAFF ASSIGNED: _____
APPLICATION FEE: _____	PLAN REVIEW FEE DEPOSIT REC'D: _____