

Department of Planning & Community Development



Development Application – Subdivisions/Site Plans

Date: _____

Project Information	
Project Name	
Street Address/Location	
Zoning District	
Tax #	
Has property been rezoned or have proffers or conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant/Owner	Primary Contact <input type="checkbox"/> yes <input type="checkbox"/> no
Name	
Street Address	
City ST ZIP Code	
Work Phone	
Cell Phone	
E-Mail Address	
Engineer	Primary Contact <input type="checkbox"/> yes <input type="checkbox"/> no
Name	
Street Address	
City ST ZIP Code	
Work Phone	
E-Mail Address	
Submittal Type (Check all that apply)	
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Minor subdivision/line adjustments (2 lots or less)
<input type="checkbox"/> Erosion and Sediment Control Plan	<input type="checkbox"/> Major subdivision plat (3 Lots or more)
<input type="checkbox"/> Stormwater Management Plan	<input type="checkbox"/> Vacation of Lot lines
<input type="checkbox"/> Exempt Plats	<input type="checkbox"/> Public Water/Sewer Plans
<input type="checkbox"/> Family Division	<input type="checkbox"/> Other
Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.	
Name (printed)	
Signature/Date	