

Department of Planning & Community Development



Development Application

Date: _____

Project Information

Project Name	
Street Address/Location	
Zoning Code and District	
Tax Map & Parcel #	
Has property been rezoned or have proffers or conditions?	YES _____ NO _____

Applicant

Primary Contact YES NO

Name	
Mailing Address	
City, State, Zip	
Home/Work Phone	
Cell Phone	
Email Address	

Owner

Primary Contact YES NO

Name	
Mailing Address	
City, State, Zip	
Home/Work Phone	
Cell Phone	
Email Address	

Engineer/Surveyor

Primary Contact YES NO

Name	
Mailing Address	
City, State, Zip	
Home/Work Phone	
Cell Phone	
Email Address	

PLEASE SEE BACK

Submittal Type (Check all that apply)

<input type="checkbox"/> Minor Subdivisions (9 lots or less for lots under 5 acres) (\$75.00 + \$15.00 PER LOT)	<input type="text"/> How Many Lots?
<input type="checkbox"/> Family Divisions, Boundary Line Adjustments, Vacations, etc. (\$50.00)	
<input type="checkbox"/> Vacations Requiring Public Hearing (\$200.00 PLUS AD FEE)	
<input type="checkbox"/> Major Subdivisions (10 lots or greater for lots under 5 acres) (\$150.00 + \$15.00 PER LOT)	<input type="text"/> How Many Lots?
<input type="checkbox"/> Large Lot Subdivisions (5 to 15 acres on State or Private Road) (\$10.00 PER LOT)	<input type="text"/> How Many Lots?
<input type="checkbox"/> Site Plan	<input type="text"/> Total acreage
<input type="checkbox"/> Erosion Plan	<input type="text"/> Total acreage disturbed
<input type="checkbox"/> Stormwater Management Plan	
<input type="checkbox"/> Public Water/Sewer Plans (Residential / Commercial)	
<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. I also certify that the following plan will be followed and implemented as per the signed/approved plans.

Print Name: _____

Signature: _____