



SITE PLAN REVIEW APPLICATION

Planning and Zoning Department

Applicant Name: _____ Date: _____

Applicant Mailing Address: _____

Applicant Phone number(s): _____

Applicant Email address: _____

Applicant Project Summary: _____

Property Owner Name/Company: _____
(if different than applicant)

Property Address: _____

Assessor's Parcel Number: _____

Legal Description: _____
(attach description if necessary)

Existing zoning: _____

Applicant Signature

Owner's Signature of Authorization
(must be signed by owner or record at time of application)

Date

Non refundable fee of \$500.00 must be paid at time of application. If additional professional fees are incurred, they must be paid prior to final approval.