

APPLICATION

Subdivision



APPLICANT INFORMATION:			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
DEVELOPER/SURVEYOR INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Email Address		
PROPERTY INFORMATION			
Tax Map Information	Tax map:	Group:	Parcel: Lot:
Street Address		Apartment/Unit #	
DISCLAIMER AND SIGNATURE			
By signing below I state that I have read and understand the conditions of this application. I further state that I have been informed as to the location, date and time in which the Planning Commission will review my application.			
Signature		Date	
Signed before me on this _____ day of _____, 20____, a notary public for the State of _____ County of _____. Notary _____ My Commission Expires _____			
CITY PLANNING OFFICE			
Received Date		Received By	
Application Fee Paid			
Previous requests or file numbers			
Planning Commission Meeting Date			
Signature of Planner		Date	