

APPLICATION

Zoning Development Plan



APPLICANT INFORMATION:			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

PROPERTY INFORMATION:				
Tax Map Information	Tax map:	Group:	Parcel:	Lot:
Street Address			Apartment/Unit #	

DISCLAIMER AND SIGNATURE	
<p>By signing below I state that I have read and understand the conditions of this application. I also affirm that I have been informed as to the location, date and time in which the Planning Commission will review my application.</p>	
Signature	Date
<p>Signed before me on this _____ day of _____, 20____,</p> <p>a notary public for the State of _____</p> <p>County of _____.</p> <p>Notary _____</p> <p>My Commission Expires _____</p>	

CITY PLANNING OFFICE	
Received Date:	Received By:
Application Fee Paid:	
Planning Commission Meeting Date	
Board of Mayor and Alderman Meeting Date	
Previous requests or file numbers	
Signature of City Planner	Date