Case No. Gateway _____

Date Filed_____

APPLICATION FOR GATEWAY COMMISSION

To be completed by applicant:

Property Owner	Representative
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
City State Zip	City State Zip
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Information regarding the property site:

Street Address:_____

Tax Map: _____ Group: _____ Parcel: _____ Lot: _____

Current Zoning/Use: _____

Request:

_____

_____

_____

_____

By signing below, I confirm and understand the conditions of this application. I have been informed of the date, time, and location of the Gateway Commission meeting. I am/we are the sole and legal owner(s) of the property listed in this application.

_____ _____

Signature of Property Owner Date

Signed before me on this _____ day of _____, 20 __

a notary public for the State of _____

County of _____.

Notary Signature _____

My Commission Expires _____

Notary Seal