



<i>Staff Use Only</i>			
Date	_____		
PPI#	_____		
PF	_____		
Type	<u> </u> A	<u> </u> B	<u> </u> C <u> </u> D

Development Services

Project Early Assistance - Primary Application Form

<input type="checkbox"/> Alteration / Repair <input type="checkbox"/> Alternative Compliance <input type="checkbox"/> Addition-Commercial Building <input type="checkbox"/> Addition Residential Building <input type="checkbox"/> Final Site Plan <input type="checkbox"/> HOC 2 (Childcare) <input type="checkbox"/> HOC 1(Home Business) <input type="checkbox"/> Joint Occupancy Evaluation	<input type="checkbox"/> Lot Grading Plan <input type="checkbox"/> New Commercial Building <input type="checkbox"/> New Residential Building <input type="checkbox"/> Preliminary Plan <input type="checkbox"/> Residential Basement <input type="checkbox"/> Residential Deck <input type="checkbox"/> Rezoning <input type="checkbox"/> Second Kitchen	<input type="checkbox"/> Sign <input type="checkbox"/> Sketch Plan <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Subdivision Plan <input type="checkbox"/> Temporary Activity Permit <input type="checkbox"/> Tenant Layout <input type="checkbox"/> Zoning Approval <input type="checkbox"/> Other _____
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GPIN(s): _____

Property Address: _____

Acreage: _____ Existing Zoning: _____ Proposed Zoning: _____

Reference Files: _____

Property Owner Name(s): _____

Address: _____

Phone: _____ Fax: _____ Email Address: _____

Please select preferred contact method: Mail Phone Email Fax

Applicant Name: _____

Address: _____

Phone: _____ Fax: _____ Email Address: _____

Please select preferred contact method: Mail Phone Email Fax

Contact / Consultant Name: _____

Address: _____

Phone: _____ Fax: _____ Email Address: _____

Please select preferred contact method: Mail Phone Email Fax

Describe proposal:

Site related work: _____ Building Related Work: _____

Phasing Requirements: _____

Additional applications in process:

Historical Approvals:

Utility Service: _____

AUTHORIZATION TO SUBMIT APPLICATION

Owner/Applicant Authorization:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I(we) am(are) fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I(we) have familiarized myself(ourselves) with the rules, regulations and procedures with respect to preparing and filing this application. I(we) also understand that an incorrect submittal will be cause to have the project removed from the agenda of the Planning Commission or delay review and that approval of this application is based on the representations made in the application and may be revoked on any breach of representation or condition(s) of approval.

Owner(s) Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Staff Use Only

Staff Input:

Violations: _____

Proffers: _____

Application Submittal Checklist

Application Accepted

Process Facilitator Signature: _____