



<b>FOR PLANNING USE ONLY</b>
Case #: _____
Date/time recv.: _____
Recv. by: _____
<b>Application Fee:</b>
Planning: \$ _____
Ad: \$ _____
Engineering: \$ _____
Total: \$ _____
<b>Review Type:</b> <input type="checkbox"/> Admin <input type="checkbox"/> CPB <input type="checkbox"/> BZA

**GENERAL APPLICATION**

**A. PROJECT**

1. Project Name: \_\_\_\_\_

2. Application Type & Project Description (*attach additional information, if necessary*):  
\_\_\_\_\_  
\_\_\_\_\_

3. Address of Subject Property: \_\_\_\_\_

4. Parcel ID Number(s): \_\_\_\_\_

5. Full legal description attached?  yes  no

6. Size of subject property:

7. Existing Use of Property: \_\_\_\_\_

8. Existing Zoning of Property: \_\_\_\_\_

**B. APPLICANT**

1. Applicant's Status (*attach proof of ownership or agent authorization*)  Owner  
 Agent (*agent authorization required*)  Tenant (*agent authorization required*)

2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_

Title: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Mailing address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Email \_\_\_\_\_

3. If the applicant is agent for the property owner:

Name of Owner (title holder): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

C. Additional Information

1. Is there any additional contract for sale of, or options to purchase, the subject property? Yes No

If "yes," list names of all parties involved:

\_\_\_\_\_

Is the contract/option contingent or absolute? Contingent Absolute

**I/WE CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION CONTAINED  
HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant Typed or printed name of co-applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_, by \_\_\_\_\_

\_\_\_\_\_, who is/are personally known to me, or who has/have  
produced \_\_\_\_\_ as identification.

NOTARY SEAL \_\_\_\_\_

Signature of Notary Public, State of \_\_\_\_\_