



COMMUNITY DEVELOPMENT APPLICATION

TYPE OF APPLICATION (to be completed by City Staff)

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|--|--|--|
| <input type="checkbox"/> Admin./Site Plan Review | <input type="checkbox"/> Final Major Subdivision | <input type="checkbox"/> Tree Removal |
| <input type="checkbox"/> Special Exception/CUP | <input type="checkbox"/> Rezoning | <input type="checkbox"/> Variance/Appeal |
| <input type="checkbox"/> Final Minor Subdivision | <input type="checkbox"/> PUD Master Plan | |
| <input type="checkbox"/> Preliminary Major Subdivision | <input type="checkbox"/> PUD Modification | |

PROJECT NAME: _____ **PROJECT SIZE IN ACRES:** _____

DESCRIPTION OF REQUEST: _____

PROPERTY INFORMATION:

Address: _____ Tax Parcel # (s): _____
PPIN # (s): _____

Existing Use: _____ Proposed Use: _____ Zoning: _____

APPLICANT INFORMATION: (Applicant will serve as the sole contact for all correspondence from the City.)

Name: _____ Contact Agent: _____

Mailing Address: _____

Phone #: (_____) _____ Fax #: (_____) _____ Email: _____

PROPERTY OWNER INFORMATION: (Attach separate sheets if necessary.)

Name: _____ Contact Agent: _____

Mailing Address: _____

Phone #: (_____) _____ Fax #: (_____) _____ Email: _____

DEVELOPER INFORMATION:

Name: _____ Contact Agent: _____

Address: _____

Phone #: (_____) _____ Fax #: (_____) _____ Email: _____

ARCHITECT INFORMATION:

Architect Name: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

ENGINEER INFORMATION:

Engineer Name: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

General Instructions for Completing the Community Development Application

1. Any documents larger than 8½” x 11” shall be folded to this size.
2. All submittals shall be complete upon submittal. The department will not accept pieces or parts of an application submittal. If the application is incomplete or if all required supporting documentation is not submitted, it will not be placed on an agenda.
3. The correct fee shall be submitted or your application will not be processed.
4. The Applicant is solely responsible for coordinating with staff the scheduling of the application for City Council review and consideration.
5. The Applicant will serve as the contact for all correspondence from the City. It is the Applicant’s sole responsibility to distribute said correspondence to individuals or consultants involved in the submittal.
6. Applicant shall refer to individual check lists for complete submittal requirements.

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By signing below, I hereby certify that I have read the above information and attest that the information provided herein and on the submitted plans and documentation is true and correct to the best of my knowledge and understand that any omissions or inaccurate information can cause this application to be rejected or delayed.

**APPLICANT PRINT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROPERTY OWNER PRINT NAME:** \_\_\_\_\_

**PROPERTY OWNER SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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To be completed by Community Development Department Staff

Received By: _____ **Date:** _____