

Site Plan Application

Name of Project:		Cu	rrent Zoning:	Acreage:	
			Specific Address:		
Tax ID# of all Parce	els Affected:				
Owner of Property:					
Address:		City:	State:	Zip:	
Phone:	Fax:	En	nail:		
Applicant:					
Address:		City:	State:	Zip:	
Phone:	Fax:	En	nail:		
Engineer:					
Address:		City:	State:	Zip:	
Phone: Fax:		En	nail:		
CONTACT PERSON	FOR PROJECT OF	THOSE LISTED A	BOVE:		
Please include with	the application:				
the Site Plan sho	wing the land to be	e subdivided, proj	d one electronic copy in perly and accurately dra Land Use Ordinance		
2. A completed and	d signed Site Plan (Checklist			
3. Application Fee:	\$200.00				
Signature of Applicant:			Date:		
Signature or Conser	nt of Owner:		Date:		