



Planning Commission Submission Application

Date: _____

Application Type:

- | | |
|--|---|
| <input type="checkbox"/> Preliminary Site Plan | <input type="checkbox"/> Preliminary Plat |
| <input type="checkbox"/> Final Site Plan | <input type="checkbox"/> Final Plat |
| <input type="checkbox"/> Preliminary Site Plan Extension | <input type="checkbox"/> Preliminary Plat Extension |
| <input type="checkbox"/> Special Approval Use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rezoning Request | |

Zoning District: _____

Acreage: _____

Property Location (address or crossroads): _____

Applicant(s) Name: _____

Applicant(s) Address: _____

Applicant(s) Phone Number: _____

Applicant(s) E-mail: _____

Property Owner(s) Name: _____

Property Owner(s) Address: _____

Property Owner(s) Phone Number: _____

Description of Request/Application: _____

