**DEADLINE FOR SUBMITTAL IS NOON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEARING DATE** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**APPLICATION FOR SITE PLAN APPROVAL**

***CITY OF ANYWHERE, USA PLANNING & INSPECTIONS DEPARTMENT***

*3500 Planning Blvd., Anywhere, USA 55555*

*(205) 555-3000/FAX (205) 555-3001*

# APPLICANT NAME



|  |
| --- |
| *OFFICE USE ONLY* |
| SITE ADDRESS |
| PROJECT NAME |
| CURRENT ZONING | ADM. APPROVAL? Y / N |
| PERMITTED USE | CONDITIONAL USE\* |
| CASE # | X-REF CASE # |

ADDRESS

DAYTIME TELEPHONE

FAX NUMBER

EMAIL

## A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION. If the

**applicant is not the owner, then a letter allowing the applicant to act as an "authorized agent" must be on file. All associated fees will be charged to the applicant unless otherwise arranged.**

**Five (5) copies (24 x 36) shall be submitted along with this Application and all other supporting documentation.** Current Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Area of Subject Property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Individual Units: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General Location:

Tax Parcel I.D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Approval Requested:

Administrative (Zoning Certificate also required) Permitted Use

Conditional Use Proposed Cladding/Façade Material

Is site plan approval contingent on any other official action by the City? If so, please specify: Annexation

Rezoning

Subdivision plat approval

Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Planning Dept. reviewing this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any development approval(s) granted pursuant to this application shall be subject to all applicable regulations of the City of Anywhere, and that such approval(s) shall expire unless construction has commenced within one (1) year following date of approval.*

|  |  |
| --- | --- |
| APPLICANT NAME (please print): | DATE: |
| APPLICANT’S SIGNATURE: |

***Site Plan Review Fee: $250.00*** Paid By: Cash or Check #\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

**SP**

Revised 04/12