



GENERAL APPLICATION FORM

Edited 9/25/18

Project Name: Existing Zone: Acreage:

Site Address: Direction from Nearest Street Intersection:

Tax Schedule Number(s):

TYPE OF PLAN(S) - Check all that apply. Note: MJ=Major Amendment; MN=Minor Amendment; MM=Minor Modification

- | | |
|--|--|
| <input type="checkbox"/> 2020 Land Use Map Amendment | <input type="checkbox"/> Property Boundary Adjustment |
| <input type="checkbox"/> Administrative Relief | <input type="checkbox"/> PUD Concept Plan <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM |
| <input type="checkbox"/> Amendment to Plat Restriction | <input type="checkbox"/> PUD Development Plan <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> PUD Zone Change |
| <input type="checkbox"/> Building Permit to Unplatted Land | <input type="checkbox"/> Street Name Change |
| <input type="checkbox"/> Building Permit Prior to Platting | <input type="checkbox"/> Subdivision Plat <input type="radio"/> Prelim <input type="radio"/> Prelim & Final <input type="radio"/> Final |
| <input type="checkbox"/> CMRS No. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 | <input type="checkbox"/> Subdivision Waiver <input type="radio"/> Design <input type="radio"/> Process |
| <input type="checkbox"/> Concept Plan <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM | <input type="checkbox"/> Use Variance <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM |
| <input type="checkbox"/> Conditional Use <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM | <input type="checkbox"/> Vacation of Plat |
| <input type="checkbox"/> Coordinated Sign Plan (CSP) | <input type="checkbox"/> Waiver of Replat |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Zone Change; Proposed Zone: _____ |
| <input type="checkbox"/> Development Plan <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM | <input type="checkbox"/> FBZ Development Plan <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM |
| <input type="checkbox"/> Historic Preservation <input type="radio"/> Re-roof <input type="radio"/> Hearing Request | <input type="checkbox"/> FBZ Conditional Use <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM |
| <input type="checkbox"/> Landscape Plan <input type="radio"/> Preliminary <input type="radio"/> Final <input type="radio"/> Irrigation | <input type="checkbox"/> FBZ Interim Use Plan |
| <input type="checkbox"/> Master Plan <input type="radio"/> New <input type="radio"/> MJ <input type="radio"/> MN <input type="radio"/> MM | <input type="checkbox"/> FBZ Minor Improvement Plan |
| <input type="checkbox"/> Nonuse Variance | <input type="checkbox"/> FBZ Warrant |
| <input type="checkbox"/> Preservation Easement Adjustment | |

PROPERTY OWNER AND/OR APPLICANT/CONSULTANT ACKNOWLEDGEMENT OF RESPONSIBILITIES:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I agree that if this request is approved, it is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representations or conditions of approval. The applicant/owner by his or her signature understands and agrees that he or she is responsible for the completion of all on-site and off-site improvements as shown and approved on the final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

Signature of Property Owner	Date	Signature of Consultant	Date
Signature of Developer	Date		

APPLICANT CONTACT INFORMATION (please print or type)

Property Owner: Contact Name:

E-Mail: Phone:

Developer: Contact Name:

E-Mail: Phone:

Consultant/Main Contact name: Phone:

Address: City:

State: Zip Code: E-Mail:

PLANNER AUTHORIZATION: (CITY USE ONLY)

Checklists Distribution Form Project Blurb E-mail to Admin. Initial Review Level: AR CPC DRB HP

Payment \$ _____ Assigned to: _____ Date: _____

Receipt No.: _____ City File No: _____