



SITE PLAN REVIEW APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

Telephone and Fax _____

Property Owner _____

Property Owner Address _____

PROPERTY INFORMATION

Property Address _____

Meets and Bounds Description of Property (if able, please provide on disk in a Word file)

Permanent Parcel No. _____

Proposed Use of Site _____

Review Requested (check one) New Structure
 Addition to Existing Structure
 Change of Use
 New Parking

Applicant's Signature _____ Date _____

Owner's Signature (if other) _____ Date _____