

PROPERTY INFORMATION

Assessor's Parcel Number(s): _____

Legal Description (Tract, Lot Number): _____

Property Address/Location: _____

Approximate Gross Acreage/Net Acreage: _____

Current Zoning & GP Designation: _____

Related Cases: _____

APPLICANT/REPRESENTATIVE

Contact Name: _____ E-Mail: _____

Company Name: _____ E-Mail: _____

Mailing Address: _____

Street

City

State

ZIP

Daytime Phone No: () _____ Fax No.: () _____

I certify that all filing requirements have been satisfied for my application. I further understand that an incomplete application cannot be accepted for processing.

SIGNATURE OF OWNER

DATE

For Planning Office Use Only

Case Number: _____ **Date Submitted:** _____ **Received by:** _____
