



**APPLICATION FOR DEVELOPMENT REVIEW**

**SUBMITTAL DATE:**

**PC DATE:**

**CC DATE:**

**SECTION 1: APPLICATION TYPE (CHECK ALL THAT APPLY)**

<b>Conditional Use Permit</b>	\$100 (\$2 per notice)	<b>Annexation</b>	\$500.00
<b>Rezoning</b>	\$100 (\$2 per notice)	<b>Variance (VAR)</b>	\$100 (\$2 per notice)
<b>Plat</b> Preliminary Final	\$100 (+\$10 per lot & \$2 per notice)	<b>Subdivision</b> Minor Subdivision: Simple Lot Split:	1. \$200(+\$10 per lot & \$2 per notice) 2. \$100
<b>Street or Utility Vacation</b>	\$100 (\$2 per notice)	<b>Planned Unit Development</b>	\$200 (\$2 per notice)
<b>ESC Permit (Erosion &amp; Sediment Control Permit)</b> Single Family Residence 5,000 sq.ft to 0.5 acres More than 0.5 acres to 1 acre More than 1 acre	1. \$150.00 2. \$150.00 3. \$250.00 4. \$350.00	<b>Stormwater Management Permit</b> Less than 1 acre: More than 1 acre:	1. \$50.00 2. \$100.00

**SECTION 2: REQUIRED INFORMATION**

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**Summary Description of Proposal:** \_\_\_\_\_  
*(Kindly attach a detailed description)*

**Property Address or Location:** \_\_\_\_\_

**Parcel #:** \_\_\_\_\_ **Legal Description:** \_\_\_\_\_

**Total Acreage:** \_\_\_\_\_ **Wetlands Present? Yes**      **No**

**Present Zoning:** \_\_\_\_\_ **Requested Zoning:** \_\_\_\_\_

**Present Land Use Designation:** \_\_\_\_\_ **Requested Land Use Designation:** \_\_\_\_\_

**Existing Use of Property:** \_\_\_\_\_

Check box if separate narrative is attached.

**SECTION 3: PROPERTY OWNER AND APPLICANT INFORMATION**

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**APPLICANT OTHER THAN PROPERTY OWNER:**

In signing this application, I, as applicant, represent to have obtained authorization from the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearings on the application or during the appeal period. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file the application. This application should be processed in my name, and I am the party whom the City should contact regarding any matter pertaining to this application. I will keep myself informed of the deadlines for submission of material and the progress of this application. I further understand that additional fees may be charged for consulting fees, feasibility studies, etc. with an estimate prior to any authorization to proceed with the study. I certify that the information and exhibits submitted are true and correct.

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROPERTY OWNER:**

In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding and agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal periods. I will keep myself informed of the deadlines for submission of material and the progress of this application. I further understand that additional fees may be charged for consulting fees, feasibility studies, etc. with an estimate prior to any authorization to proceed with the study. I certify that the information and exhibits submitted are true and correct.

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROJECT ENGINEER (if applicable)**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application must be completed in full and be typewritten or clearly printed and must be accompanied by all information and plans required by applicable City Ordinance provisions. Before filing this application, refer to the appropriate Application Checklist and confer with the Planning Department to determine the specific ordinance and applicable procedural requirements. A determination of completeness of the application shall be made within 10 business days of application submittal. A written notice of application deficiencies shall be mailed to the applicant within 10 business days of application.

**SECTION 4: NOTIFICATION INFORMATION**

Who should receive copies of staff reports?

\*Other Contact Information:

Property Owner: _____	Email: _____	Name: _____
Applicant: _____	Email: _____	Address: _____
Engineer: _____	Email: _____	City/State/Zip: _____
Other*: _____	Email: _____	Email: _____

**INSTRUCTIONS TO APPLICANT:** Complete all necessary form fields, then select SAVE FORM to save a copy to your device. PRINT FORM and deliver to city along with required documents and payment.

**SECTION 5: STAFF REVIEW (Office Use Only)**

**Finance(city fees):**

Application Fee: \$ \_\_\_\_\_

Notice Fee: \$ \_\_\_\_\_ (\$2.00 per notice of properties within 350 feet)

Recording Fees: \$ \_\_\_\_\_ (\$48 plus \$12 for legal description)

Total: \$ \_\_\_\_\_

**Zoning:**

Approved:      Not Approved:      Revision(s) Required:      By: \_\_\_\_\_      Date: \_\_\_\_\_

Revisions(s): \_\_\_\_\_

Approved:      Not Approved:      By: \_\_\_\_\_      Date: \_\_\_\_\_

**Planning Commission:**

Approved:      Not Approved:      Revision(s) Required:      Date: \_\_\_\_\_

Revision(s): \_\_\_\_\_

Approved:      Not Approved:      By      Date: \_\_\_\_\_

**City Council:**

Approved:      Not Approved:      Revision(s) Required:      By: \_\_\_\_\_      Date: \_\_\_\_\_

Revision(s): \_\_\_\_\_

Approved:      Not Approved:      By: \_\_\_\_\_      Date: \_\_\_\_\_