



**APPLICATION FOR
SITE DEVELOPMENT PLAN REVIEW**

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|---|
| PROPERTY OWNER INFORMATION <input type="checkbox"/> CHECK IF POINT OF CONTACT FOR APPLICATION |
| Owner's Name (Please list if more than one) |
| Address |
| City, State, Zip |
| Telephone |
| Email |

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| PRIMARY CONTACT INFORMATION <input type="checkbox"/> CHECK IF POINT OF CONTACT FOR APPLICATION |
| Name |
| Company |
| Address |
| City, State, Zip |
| Telephone |
| Email |

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|-------------------------------------|--|
| SUBJECT PROPERTY INFORMATION | |
| Owner of Record | |
| Address | |
| Locator/Parcel Number(s) | |
| Area in Acres | |
| Zoning District | |
| Current Use | |
| PROJECT SCOPE | |
| Brief description of work proposed: | |

(FOR OFFICE USE ONLY)

| | |
|------------------|--|
| PLANNER ASSIGNED | |
| S.P./P.C. # | |
| COMMENTS | |