



SITE DEVELOPMENT PLAN APPLICATION

* Required sections to fill out Application type*: ☐ Individual lot site plan for ILP ☐ Final Detailed Development Plan (PUDs only)		For office App No: Date rece	e use only:			_
☐ FDD Plan Modification (PUDs only) ☐ Subdivision Construction Plan		App fee: Fee paid l		☐ Check		
	action in turn	Check #:		LI CHECK		
PROPERTY INFORMATION*						
Project Name:						
Address/Location: County Parcel(s)' ID(s):						
Current Zoning:			Pro	oject Size:		Acres
Current Zoning: Current Use:			Pro	oject Size:		Acres
_	☐ Residential [□ Commercial	Pro Industrial	oject Size:	☐ Mixed Use	Acres
Current Use: Proposed Use: Proposed Use		□ Commercial	□ Industrial		☐ Mixed Use	Acres
Current Use: Proposed Use: Proposed Use Description:	osed? 🗆 Yes		□ Industrial	☐ Institutional	☐ Mixed Use	
Current Use: Proposed Use: Proposed Use Description: New public ways propo	osed? 🗆 Yes	□ No	□ Industrial	□ Institutional	☐ Mixed Use	Miles
Current Use: Proposed Use: Proposed Use Description: New public ways propo	osed? 🗆 Yes	□ No	☐ Industrial Length of prop	□ Institutional		Miles

PROPERTY OWN	IER INFORMATION*					
Name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					
APPLICANT INFORMATION* □ Same as owner						
Name:	Title:					
Company name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					
ENGINEER/SURVEYOR INFORMATION* □ Same as applicant						
Name:	Title:					
Company name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					
CONTACT INFORMATION (OTHER PROFESSIONALS ¹ :)						
Name:	Title:					
Company name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					

¹ This section is optional. If you add another professional to this application, please add the kind of professional (architect, attorney, engineer, contractor, etc.).

APPLICANT AFFIDAVIT

STATE OF	-	
COUNTY OF	_ S.S.	
The undersigned, having been duly sworn of correct as they are informed and believe.	on oath, states that the ii	nformation in the Application is true and
A	Applicant printed name:	
Subscribed and sworn to before me this		
	Notary printed name:	
	Notary signature:	
ľ	My commission expires:	

OWNER AFFIDAVIT STATE OF ______ COUNTY OF ______ S.S.

The undersigned, having been duly sworn on oath, states that they are the Owner of the Property involved in this application and that they hereby acknowledge and consent to the forgoing Application.

Owner printed name**:	
Owner signature**:	
Before me the undersigned, a Notary Public in and for said County a	and State, personally appeared the Property
Owner, who having been duly sworn acknowledged and consents to	o the execution of the foregoing Application.
Subscribed and sworn to before me thisday of	, 20
Notary printed name:	
Notary signature:	
My commission expires:	

^{**} A signature from each party having interest in the property involved in this application is required. If the Property Owner's signature cannot be obtained on the application, then a notarized statement by each Property Owner acknowledging and consenting to the filing of this application is required with the application.