



APPLICATION FOR DEVELOPMENT REVIEW

Submittal Date: _____ PC Date: _____ CC Date: _____ 60-Day Review Date: _____

Section 1: Application Type (check all that apply)

(Refer to the appropriate Application Checklist for required submittal information that must accompany this application)

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Plan Amendment..... \$700 | <input type="checkbox"/> Subdivision (SUB) |
| <input type="checkbox"/> Conditional Use Permit (CUP) | <input type="checkbox"/> Plat 3 lots or less \$500 |
| <input type="checkbox"/> Single-Family Residence \$400 | <input type="checkbox"/> Plat over 3 lots..... \$1250 |
| <input type="checkbox"/> All Others..... \$600 | <input type="checkbox"/> Metes & Bounds (2 lots) \$300 |
| <input type="checkbox"/> Interim Use Permit (IUP) | <input type="checkbox"/> Consolidate Lots..... \$150 |
| <input type="checkbox"/> In conjunction with Single-Family Residence.. \$400 | <input type="checkbox"/> Administrative Subd. (Line Adjustment) \$150 |
| <input type="checkbox"/> All Others..... \$600 | <input type="checkbox"/> Final Plat..... \$700* |
| <input type="checkbox"/> Rezoning (REZ) | <input type="checkbox"/> Vacation of Easements/Right-of-way (VAC)..... \$300
<i>(Additional recording fees may apply)</i> |
| <input type="checkbox"/> Planned Unit Development (PUD) \$750 | <input type="checkbox"/> Variance (VAR) \$200 |
| <input type="checkbox"/> Minor Amendment to existing PUD..... \$100 | <input type="checkbox"/> Wetland Alteration Permit (WAP) |
| <input type="checkbox"/> All Others..... \$600 | <input type="checkbox"/> Single-Family Residence..... \$150 |
| <input type="checkbox"/> Sign Plan Review..... \$150 | <input type="checkbox"/> All Others..... \$275 |
| <input type="checkbox"/> Site Plan Review (SPR) | <input type="checkbox"/> Appeal of Administrative Decision \$200 |
| <input type="checkbox"/> Administrative..... \$100 | <input type="checkbox"/> Zoning Ordinance Amendment (ZOA) \$500 |
| <input type="checkbox"/> Residential/Commercial/Industrial Districts.. \$750** | |

NOTE: When multiple applications are processed concurrently, the appropriate fee shall be charged for each application.

- | |
|---|
| <input type="checkbox"/> Notification Sign (City to install and remove) \$200 |
| <input type="checkbox"/> Escrow for Recording Documents (check all that apply) \$ per document |
| <input type="checkbox"/> Conditional Use Permit - \$50 <input type="checkbox"/> Interim Use Permit - \$50 <input type="checkbox"/> Site Plan Agreement - \$85 |
| <input type="checkbox"/> Wetland Alteration Permit - \$50 <input type="checkbox"/> Easements (____ easements) - \$85 <input type="checkbox"/> Vacation - \$85 |
| <input type="checkbox"/> Variance - \$50 <input type="checkbox"/> Metes & Bounds Sub (2 deeds) - \$250 <input type="checkbox"/> Deeds - \$100 |

TOTAL FEE: _____

*Includes \$450 escrow for attorney costs.

**Additional escrow may be required for other applications through the development contract.

Section 2: Required Information

Description of Proposal: _____

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

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: _____

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 15 business days of application submittal. A written notice of application deficiencies shall be mailed to the applicant within 15 business days of application.

PROJECT ENGINEER (if applicable)

Name: _____ Contact: _____
Address: _____ Phone: _____
City/State/Zip: _____ Cell: _____
Email: _____ Fax: _____

Section 4: Notification Information

Who should receive copies of staff reports?

Property Owner Email _____
 Applicant Email _____
 Engineer Email _____
 Other* Email _____

*Other Contact Information:

Name: _____
Address: _____
City/State/Zip: _____
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. **SUBMIT FORM** to send a digital copy to the city for processing.