Sketch Plan Application

Non-subdivision

***All sections of this application must be filled out and fees paid upon submittal or application will be deemed incomplete.**

Name of Project: _____ Address of Property: _____

Tax ID/Parcel Number: _____ Current Zoning: _____ Total Area/Acres/Sq Ft: _____

Existing Use of Property: _____ Proposed Use of Property: _____

Project Description: _____

_____

_____

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_____

Name(s) of Applicant(s) or Authorized Agent(s): _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Name(s) of Property Owner(s) (if other than applicant): _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

_____

Office Use Only

Date Received _____ Application Fee _____

Application # _____ Receipt Number _____