



APPLICATION & PROCEDURES FOR CITY PLAN COMMISSION MEETINGS

APPLICATION FOR MEETING

Application Date: _____

Agenda Date Requested: _____

Property Owner

Name: _____

Owner's Agent

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Tax Key Number: _____

Action Requested (Check appropriate line)

Please note application submittal deadline dates.

_____ Conceptual Review Land Divisions

_____ Certified Survey Map Final Approval

_____ Preliminary Plat Approval

_____ Final Plat Approval

_____ Site Plan Approval Request *(Submittal deadline is 14 business days prior to Plan Commission Meeting)*

_____ Conditional Use Permit Request *(Submittal deadline is 14 business days prior to Plan Commission Meeting)*

_____ Rezoning Request

_____ Other

Briefly describe your request:

Date filed in the Clerk's Office: _____

Filing Fee Paid: _____