

LAND DEVELOPMENT APPLICATION

Status of Applicant: Owner Agent Other (requires letter from owner)

Name: (Please print) _____

Home Phone: _____ Cell Phone: _____

Address of Parcel: _____

Address of Owner: _____

Email address: _____ Tax key #: 08-_____

Request for: Rezoning Minor Land Division
 Administrative Appeal Variance
 Conditional Use Permit Other _____

Current Zoning: _____ Requested Zoning: _____ Acreage: _____

Legal Description: _____

(attach a legal description if needed)

.....
The undersigned certifies that he/she has familiarized himself/herself with the State and local codes and procedures pertaining to his application. The undersigned further hereby certifies that the information contained in this application is true and correct.

Signature of Applicant: _____ Date: _____

FEES

Please note: All fees are non-refundable regardless of the outcome of this request

<input type="checkbox"/> Request for Re-zoning	\$350.00	<input type="checkbox"/> Engineering Review of C.S.M.	<i>Billed at cost</i>
<input type="checkbox"/> Minor Land Division	\$325.00	<input type="checkbox"/> CSM Recording fee	\$30.00
<input type="checkbox"/> Variance Application	\$350.00	<input type="checkbox"/> Administrative Appeal	\$350.00
<input type="checkbox"/> Conditional Use Permit	\$350.00	<input type="checkbox"/> Combining Parcels	\$325.00

Land divisions creating four or more lots:

Zoning/Land Division Bond \$500.00
 Consulting fee with Zoning Administrator \$175.00 (1st 4 hrs. - \$50 ea. add'n hour)
 Other: _____

Total fees: \$_____ Rec'd by: _____ Date: _____ Receipt #: _____

Revised: 4/27/16