

CONTACT INFORMATION**Applicant**

Name:

Address:

Email:

Phone:

Property Owner

Name:

Address:

Email:

Phone:

Design Professional

Name:

Address:

Email:

Phone:

ACKNOWLEDGEMENT

I agree to grant the City Staff, Commission, Board or Council considering this application access to the property listed for the purposes of reviewing this request and to post public notice if and when this application is on an agenda for a public hearing.

Applicant Signature:

Date:

A FINAL DEVELOPMENT PLAN APPROVAL SHALL EXPIRE AND MAY BE REVOKED IF CONSTRUCTION DOES NOT BEGIN WITHIN TWO (2) YEARS FROM THE DATE OF ISSUANCE OF THE APPROVAL.

FOR OFFICE USE ONLY

Date Submitted:

Total Fee:

Payor:

Receipt #: