

APPLICATION FOR
SPECIAL MEETING
OF THE **PLANNING COMMISSION**
(PLEASE ANSWER ALL QUESTIONS)

TODAY'S DATE _____

APPLICANT'S NAME _____ LAND OWNER'S NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

AGENT'S NAME _____ BUSINESS NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

ASSESSOR'S PARCEL NUMBER _____ ZONING DISTRICT _____

SIZE OF PARCEL _____ PRESENT USE _____

TOTAL SQUARE FEET OF PROJECT _____

DESCRIPTION OF PROPOSED PROJECT AND LOCATION _____

REASON FOR THE NEED FOR SPECIAL MEETING _____

DATE REQUESTED _____ ALTERNATE DATE _____

**IN ORDER FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, ALL
REQUIRED INFORMATION AND OTHER APPLICATIONS MUST BE ATTACHED.**

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF LAND OWNER _____ DATE _____

SIGNATURE OF AGENT _____ DATE _____

APPLICATION NO. _____	OFFICE USE	FEE PAID _____	ACCEPTED BY _____	DATE _____
RECEIPT NO. _____	PUBLIC HEARING/PLANNING COMMISSION REVIEW _____			