

REQUEST TO  
REVISE APPROVED PROJECT/PLAN

(PLEASE ANSWER ALL QUESTIONS)

APPLICANT'S NAME \_\_\_\_\_ LAND OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT'S NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS FILE NUMBER AND NAME \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

SIZE OF PARCEL \_\_\_\_\_ PRESENT USE \_\_\_\_\_

TOTAL SQUARE FEET OF PROJECT \_\_\_\_\_

DESCRIPTION OF ORIGINAL PROJECT \_\_\_\_\_

DESCRIPTION OF REVISION BEING PROPOSED \_\_\_\_\_

ENVIRONMENTAL REVIEW REQUIRED: YES \_\_\_ NO \_\_\_  
ARCHEOLOGICAL REVIEW: YES \_\_\_ NO \_\_\_

ATTACH REVISED PLAN OR MAP.

**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 \_\_\_\_\_

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