

# Applicant Request for County Review



This request should be filled out by the applicant and submitted to the municipality where the application is being filed along with digital copies of all plan sets/information. Municipal staff will electronically file the application with the county, and a notice for the prompt payment of any fees will be emailed to the Applicant's Representative.

Date: \_\_\_\_\_ Applicant's Representative: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Address: \_\_\_\_\_  
 Proposal Name: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Business Phone (required): \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Email (required): \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Type of Review Requested:

*(Check All Appropriate Boxes)*

- Land Development Plan
- Subdivision Plan
- Residential Lot Line Change
- Nonresidential Lot Line Change
- Zoning Ordinance Amendment
- Zoning Map Amendment
- Subdivision Ordinance Amendment
- Curative Amendment
- Comprehensive / Other Plan
- Special Review\*

*\*(Not included in any other category - includes parking lot or structures that are not associated with new building square footage)*

## Type of Plan:                      Type of Submission:

- Tentative (Sketch)                       New Proposal  
 Preliminary / Final                       Resubmission\*

*\* A proposal is NOT a resubmission if A) The proposed land use changes, or B) The amount of residential units or square footage proposed changes more than 40%, or C) The previous submission was over 5 years ago.*

## Zoning:

Existing District: \_\_\_\_\_  
 Special Exception Granted    Yes    No  
 Variance Granted            Yes    No    For

## Plan Information:

Tax Parcel Number(s) \_\_\_\_\_

Location \_\_\_\_\_  
 Nearest Cross Street \_\_\_\_\_  
 Total Tract Area \_\_\_\_\_  
 Total Tract Area Impacted By Development \_\_\_\_\_

*(If the development is a building expansion, or additional building on existing development, or only impacts a portion of the tract, please provide a rough estimate of the land impacted, including associated yards, drives, and facilities.)*

Land Use(s)	Number of New		Senior Housing		Open Space Acres*	Nonresidential New Square Feet
	Lots	Units	Yes	No		
Single-Family						
Townhouses/Twins						
Apartments						
Commercial						
Industrial						
Office						
Institutional						
Other						

*\*Only indicate Open Space if it will be on a separate lot or deed restricted with an easement shown on the plan.*

Additional Information: \_\_\_\_\_