





Section 1: Basic Information				
Name of Applicant(s):				
□ Owner □ Representative (Notaria	zed Affidavit Req	uired)		
Mailing Address	City	State	Zip Code	
Contact Phone Number	Contact E-r	Contact E-mail Address		
Subject Property Address	City	State	Zip Code	
Legal Description (can be found on property tax statement or at www.tomgree	<u>encad.com</u>)			
Zoning District:	□ CBD □ OW		P 🗌 PD	
		I-2 🗌 R&E		
(Zoning Map available on <u>City Maps</u>)				
Lot size: Future Land Use Designa	tion:			
Section 2: Site Specific Details				
Scope of Work:				
Proposed construction comprising of 25,000 square feet or more of gross	floor area.			
Expansion of an existing building resulting in a total gross floor area of 25,	,000 square feet	or more.		
Proposed construction of more than one principle building for multi-family	use on a single t	ract.		
Proposed construction of more than one principal building for single-fa allowed in a commercial zoning district.	amily or two-fam	ily residential use on one	lot on a RM-1 district or where	
Specific Details or Request:				
Required Items:				
Site plan, to scale, of proposed work				
Elevations, to scale, of proposed work				
Landscaping plan, to scale.				
Samples or examples of materials and colors as proposed.				
Elevation(s) of any proposed signage, fencing, or other screening types.				

Section 3: Applicant(s) Acknowledgement			
I understand that the Planning manager will review the submission based upon the following:			
Basic compliance with all dimensional standards, any specific use regulations, and all other applicable provisions of the Zoning Ordinance.			
Whether and the extent to which the proposed construction and site improvements minimize adverse effects on adjacent properties. The maintenance of views and sight lines are valid considerations.			
Whether and the extent to which the proposed construction and site improvements would result in a logical and orderly pattern of development.			
I/We the undersigned acknowledge that the information provided above is true and correct.			
Signature of licensee or authorized representative Date			
Printed name of licensee or authorized representative			
Name of business/Entity of representative			
FOR OFFICE USE ONLY:			
Verified Complete Verified Incomplete Date of Application:/			
Case No.: UDR Fully-dimensioned and scaled site plan:YesNo			
Nonrefundable fee: \$			
Receipt #: Date paid:/			
Affidavit attached? Yes No N/A Applicant's signature on information sheet? Yes No			
Reviewed/Accepted by:/ Date:/			