

**APPLICATION FOR SITE PLAN REVIEW OR SPECIAL LAND USE**

Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Ownership Interest of Applicant:    Fee Simple      Land Contract      Purchase Agreement

Current Zoning Classification: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Property Description (attach if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I certify that the information provided for this application is true and accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is not the owner of the property, the owner's signature is required to confirm that they are aware that the application has been submitted and will permit the request to be considered.

Owner's Signature: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

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**TO BE FILLED OUT BY THE ZONING OFFICIAL**

Date Completed Application Was Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Application Accepted: \_\_\_\_\_  
Signature of Zoning Official, City of Durand