

APPLICATION FOR SITE PLAN REVIEW

Applicant Information:

Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

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) _____

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: _____

TO BE FILLED OUT BY THE ZONING OFFICIAL

Date Complete Application Received: _____ Fee Paid: _____

Application Accepted: _____

Zoning Official, City of Durand