APPLICANT	
Name(s):	Phone #:
Address:	
City, State, Zip:	
2nd Phone #:	Email:
OWNER	
Name(s):	Phone #:
Address:	
City, State, Zip:	
2nd Phone #:	Email:
TECHNICAL REPRESENTATIVE (Co	onsultant, Engineer, Surveyor, Architect, etc.)
Name:	Phone #:
Address:	
City, State, Zip:	
2nd Phone #:	Email:
ADDITIONAL TECHNICAL REPRES	ENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)
Name(s):	Phone #:
Address:	
City, State, Zip:	
2nd Phone #:	Email:

## **DESCRIPTION OF SITE**

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Water Service:

Public or Private? If Public, list District.

Sewer Service:

Public or Private? If Public, list District.

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner)). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature