



DEVELOPMENT REVIEW APPLICATION

Effective 5/17/18

Please check the appropriate box and refer to supplemental forms for submittal requirements. All fees must be paid at the time of application.			
Administrative Decisions	☐ Historic Certificate of Appropriateness – Major (Form L)		☐ Wireless Telecommunications Facility Waiver (Form W2)
☐ Archaeological Certificate (Form P3)	☐ Historic Design Standards and Guidelines (Form L)		Policy Decisions
☐ Historic Certificate of Appropriateness – Minor (Form L)	☐ Master Development Plan (Form P1)		☐ Adoption or Amendment of Comprehensive Plan or Facility Plan (Form Z)
☐ Alternative Signage Plan (Form P3)	☐ Site Plan – EPC including any Variances – EPC (Form P1)		☐ Adoption or Amendment of Historic Designation (Form L)
☐ WTF Approval (Form W1)	☐ Site Plan – DRB (Form P2)		☐ Amendment of IDO Text (Form Z)
☐ Minor Amendment to Site Plan (Form P3)	☐ Subdivision of Land – Minor (Form S2)		☐ Annexation of Land (Form Z)
Decisions Requiring a Public Meeting or Hearing	☐ Subdivision of Land – Major (Form S1)		☐ Amendment to Zoning Map – EPC (Form Z)
☐ Conditional Use Approval (Form ZHE)	☐ Vacation of Easement or Right-of-way (Form V)		☐ Amendment to Zoning Map – Council (Form Z)
☐ Demolition Outside of HPO (Form L)	□ Variance – DRB (Form V)		Appeals
☐ Expansion of Nonconforming Use or Structure (Form ZHE)	□ Variance – ZHE (Form ZHE)		☐ Decision by EPC, LC, DRB, ZHE, or City Staff (Form A)
APPLICATION INFORMATION			
Applicant:			Phone:
Address:			Email:
City:	State:		Zip:
Professional/Agent (if any):			Phone:
Address:			Email:
City:	State:		Zip:
Proprietary Interest in Site: List <u>all</u> owners:			
BRIEF DESCRIPTION OF REQUEST			
SITE INFORMATION (Accuracy of the existing legal description is crucial! Attach a separate sheet if necessary.)			
Lot or Tract No.:		Block:	Unit:
Subdivision/Addition:	MRGCD Map No.:		UPC Code:
Zone Atlas Page(s):	Existing Zoning:		Proposed Zoning:
# of Existing Lots:	# of Proposed Lots:		Total Area of Site (acres):
LOCATION OF PROPERTY BY STREETS			
Site Address/Street: Between: and:			
CASE HISTORY (List any current or prior project and case number(s) that may be relevant to your request.)			
Signature:			Date:
Printed Name:			☐ Applicant or ☐ Agent
FOR OFFICIAL USE ONLY			
Case Numbers		Action	Fees
-			
-			
<u>-</u> _			
Meeting/Hearing Date:			Fee Total:
Staff Signature: Date:			Project #