



Please check the appropriate box(es) and refer to supplemental forms for submittal requirements. All fees must be paid at the time of application.

SUBDIVISIONS		
<input type="checkbox"/> Major – Preliminary Plat (Form P1)	<input type="checkbox"/> Final Sign off of EPC Site Plan(s) (Form P2)	
<input type="checkbox"/> Minor – Preliminary/Final Plat (Form S2)	<input type="checkbox"/> Amendment to Site Plan (Form P2)	<input type="checkbox"/> Vacation of Public Right-of-way (Form V)
<input type="checkbox"/> Major - Final Plat (Form S1)	MISCELLANEOUS APPLICATIONS	
<input type="checkbox"/> Amendment to Preliminary Plat (Form S2)	<input type="checkbox"/> Extension of Infrastructure List or IIA (Form S1)	<input type="checkbox"/> Vacation of Public Easement(s) DRB (Form V)
<input type="checkbox"/> Extension of Preliminary Plat (Form S1)	<input type="checkbox"/> Minor Amendment to Infrastructure List (Form S2)	<input type="checkbox"/> Vacation of Private Easement(s) (Form V)
	<input type="checkbox"/> Temporary Deferral of SW (Form V2)	PRE-APPLICATIONS
	<input type="checkbox"/> Sidewalk Waiver (Form V2)	<input type="checkbox"/> Sketch Plat Review and Comment (Form S2)
SITE PLANS		
<input type="checkbox"/> DRB Site Plan (Form P2)	<input type="checkbox"/> Waiver to IDO (Form V2)	APPEAL
	<input type="checkbox"/> Waiver to DPM (Form V2)	<input type="checkbox"/> Decision of DRB (Form A)
BRIEF DESCRIPTION OF REQUEST		

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:
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: <i>Kelly M. K.</i>	Date:
Printed Name:	<input type="checkbox"/> Applicant or <input type="checkbox"/> Agent

FOR OFFICIAL USE ONLY					
Case Numbers	Action	Fees	Case Numbers	Action	Fees
Meeting Date:				Fee Total:	
Staff Signature:			Date:	Project #	