



Name of Project:	
Location or Address:	

Map & Tax Lot #	T:	R:	Section:	Tax Lot (s):
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Request:

I am the (check one) owner lessee of the property listed above, and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.

Applicant (if different than owner)	Owner
Address	Address
City/State/Zip	City/State/Zip
Email	Email
Phone	Phone
Signature	Signature <i>Rochelle Anderholm-Parasch</i>

Staff Use Only

File #: 24-059 DR	Date:	Fee\$:	Planner:	
Type of review:	Type I <input type="checkbox"/>	Type II <input type="checkbox"/>	Type III <input type="checkbox"/>	Type IV <input type="checkbox"/>
Has applicant attended a pre-app?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, date of pre-app meeting:	