



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"/> Final Sign off of EPC Site Plan(s) (Form P2)	<input type="checkbox"/> Variance for Carport within setback(s) (Form V)
<input type="checkbox"/> Major – Preliminary Plat (Form P1)	<input type="checkbox"/> Amendment to Site Plan (Form P2)	<input type="checkbox"/> Vacation of Public Right-of-way (Form V)
<input type="checkbox"/> Minor – Preliminary/Final Plat (Form S2)	MISCELLANEOUS APPLICATIONS	<input type="checkbox"/> Vacation of Public Easement(s) DRB (Form V)
<input type="checkbox"/> Major - Final Plat (Form S1)	<input type="checkbox"/> Extension of Infrastructure List (Form S1)	<input type="checkbox"/> Vacation of Private Easement(s) (Form V)
<input type="checkbox"/> Amendment to Preliminary Plat (Form S2)	<input type="checkbox"/> Amendment to Infrastructure List (Form P1)	PRE-APPLICATIONS
<input type="checkbox"/> Extension of Preliminary Plat (Form S1)	<input type="checkbox"/> Temporary Deferral of SW (Form P2)	<input type="checkbox"/> Sketch Plat Review and Comment (Form P2)
	<input type="checkbox"/> Sidewalk Waiver (Form V)	
SITE PLANS	<input type="checkbox"/> Variance to IDO (Form V)	APPEAL
<input type="checkbox"/> DRB Site Plan (Form XX)	<input type="checkbox"/> Variance to DPM (Form V)	<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:
Subdivision/Addition:		Unit:
MRGCD Map No.:		
Zone Atlas Page(s):	Existing Zoning:	UPC Code:
# of Existing Lots:	# of Proposed Lots:	Proposed Zoning:
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:		<input type="checkbox"/> Applicant or <input type="checkbox"/> Agent	
FOR OFFICIAL USE ONLY			
Case Numbers	Action	Fees	Case Numbers
Meeting/Hearing Date:			Fee Total:
Staff Signature:		Date:	Project #