

DETAILED DEVELOPMENT PLAN APPLICATION



Please Print or Type

Date of Application: _____

Type of Application (Please check one): **Original Detailed Development Plan**
 Revision of Detailed Development Plan
 Revocation of Detailed Development Plan

PROPERTY INFORMATION:

Name of Development: _____

Location of Development: _____

Property Zoning: _____

General Development Plan (Binding Elements)? Yes No

Type of Development (Please check one):

- Planned Unit Development (PUD)
- Multi-Family or Group Housing (more than 24 units)
- Townhouses (more than 24 units)
- Condominiums (Horizontal Property) (more than 24 units)
- Commercial (more than 20,000 sq. ft.)
- Institutional (more than 50,000 sq. ft.)
- Industrial (more than 75,000 sq. ft.)

Property Owner Information:

Name: _____

Mailing Address: _____

Telephone Number: _____

Developer Information:

Name: _____

Mailing Address: _____

Telephone Number: _____

Surveyor Information:

Name: _____

Mailing Address: _____

Telephone Number: _____

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Engineer Information

Name: _____
Mailing Address: _____
Telephone Number: _____

Architect Information:

Name: _____
Mailing Address: _____
Telephone Number: _____

Landscape Architect Information:

Name: _____
Mailing Address: _____
Telephone Number: _____

ATTACHMENTS:

The following items are attached (please check the appropriate categories): *

1. _____ Three (3) full sets of Detailed Development Plans
2. _____ Three (3) sets of Topographic Survey/Drainage Plan & Calculations
3. _____ Three (3) copies of Landscape Plan, if applicable
4. _____ Letter from all Utility Companies anticipated to serve development
5. _____ Letter from City/County/State Engineer (applicable jurisdiction)
6. _____ Two (2) sets of Architectural Plans, if applicable, Elevations of building
7. _____ Two (2) Draft of Proposed Property Owners Association Covenants, Master Deed or Restrictions, if applicable
8. _____ Three (3) Market Study or Traffic Study, if applicable
9. _____ One (1) 11" x 17" size copies Site Plan and Elevations of building (for mailing)
10. _____ Attach completed Checklist.

**** After staff review four (4) full size sets and one 11 x 17 set of the final plan, with the required changes must be submitted for distribution.***

Amount of Fees: \$ _____ Date of Payment: _____ Docket Number: _____

SIGNATURES:

Signature of Owner(s)

Date
