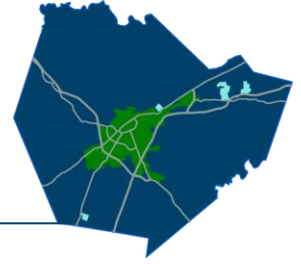


APPLICATION FOR GENERAL DEVELOPMENT PLAN AMENDMENT

CCPC

City-County
Planning Commission
warrenpc.org



Docket Number: _____

Public Hearing Date: _____

Date Application Filed: _____

Pre-Application Meeting Date: _____

APPLICANT(S) INFORMATION

1) APPLICANT(S) NAME(S): _____

Names of Officers, Directors, Shareholders or Members (If Applicable):

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

2) PROPERTY OWNER(S) NAME(S): _____

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

PLEASE USE ADDITIONAL PAGES IF NEEDED

3) APPLICANT(S) ATTORNEY: _____

Name of Law Firm: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

PROPERTY AND PROPOSED DEVELOPMENT INFORMATION

Property Address: _____

PVA Parcel Number: _____ Acreage: _____

Current Zoning: _____ FLUM Designation: _____

APPLICATION CHECKLIST

- A completed and signed Application
- Plat prepared by a licensed surveyor (please include one (1) 11" x 17" or smaller copy)
- Adjacent Property Owners Form
- Application Fees
- Development Plan Conditions, signed by at least 75% of all property owners as defined in Section 3.12.8 of the Zoning Ordinance
- Traffic Impact Study, if required
- Concept Plan, or Preliminary Development Plan (please include one (1) 11" x 17" or smaller copy)

APPLICANT'S CERTIFICATION

*Please note that any application to amend the General Development Plan, including the development plan conditions and concept plan, shall require the signature of **75 percent of the property owners** within the area covered by the General Development Plan and shall be amended by the same process as the original zoning amendment.*

I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. I further grant permission to the City-County Planning Commission to release all information associated with this application, including contact information, if requested by way of official public records inspection request form. Please attach additional signature pages if needed.

Signature of Applicant(s) and Property Owner(s):

Date:

1) _____

 (please print name and title)

2) _____

 (please print name and title)

3) _____

 (please print name and title)

The foregoing signatures constitute 75% of the owners of the affected property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property.

REQUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED

Application Fee: _____
 Land Use Certificate Fee: _____
 Date Fees Received: _____