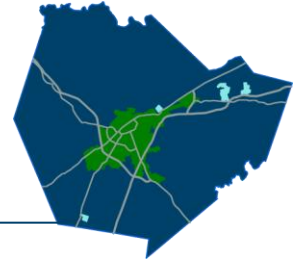


APPLICATION FOR OVERLAY DEVELOPMENT PLAN

CCPC

City-County
Planning Commission
warrenpc.org



Docket Number: _____
Date Application Filed: _____
Public Hearing Date: _____
Pre-Application Meeting Date: _____

Application Type:
 Original Overlay Development Plan
 Amendment to Overlay Development Plan
 Revocation of Overlay Development Plan
 Sign Only Application

PROPERTY AND PROPOSED DEVELOPMENT INFORMATION

Name of Development: _____
Location of Development: _____
Current Zoning: _____ **Development Plan Conditions:** YES NO

APPLICANT AND DEVELOPER INFORMATION

1) PROPERTY OWNER(S): _____

Mailing Address: _____ **Phone Number:** _____

Cell Number: _____
_____ **E-Mail Address:** _____

2) DEVELOPER: _____

Mailing Address: _____ **Phone Number:** _____

Cell Number: _____
_____ **E-Mail Address:** _____

3) SURVEYOR: _____

Mailing Address: _____ **Phone Number:** _____

Cell Number: _____
_____ **E-Mail Address:** _____

4) ENGINEER: _____

Mailing Address: _____ **Phone Number:** _____

Cell Number: _____
_____ **E-Mail Address:** _____

5) ARCHITECT: _____

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

6) LANDSCAPE ARCHITECT: _____

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

Digital Submission Items

The following items are to be submitted digitally (please check the appropriate categories):

- Overlay Development Plan (see zoning ordinance, Section 3.19.3, for a full list of requirements)
- Site Development Plan, if applicable (see zoning ordinance, Section 3.12.6, for a full list of requirements)
- Full set of architectural plans, if applicable, and elevations of building(s)
- Draft of proposed property owners' association covenants, master deed or restrictions, if applicable

APPLICANT'S CERTIFICATION

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)

The foregoing signatures constitute all 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. Please use additional signature pages, if needed.

REQUIRED FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED

Application Fee: _____

Land Use Certificate Fee: _____

Date Fees Received: _____