

Petitioner’s/Representative’s Name:

Signature of Petitioner/Representative:

Petitioner’s/Representative’s E-Mail Address:

Petitioner’s/Representative’s Mailing Address:

Telephone: Fax:

Petition Request:

Physical Address:

Legal Description:

Assessor’s Parcel Identification No.:

Provide the following additional information:

□ Written narrative (summary information explaining use, location, terrain, number and size of parcels, road conditions and dimensions, and any special features to the site.)

□ Legal Description

□ Physical Address

□ Vicinity Map

□ Site Map: Illustrating all structures and property lines to scale, both existing and proposed; abutting land owners and land uses, streets, highways, utilities that service the area and major physical features

□ Building Plans including elevations

□ Filing Fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Base fee is designed to cover the minimum staff hours has to process the application. Additional hours on the project will be assessed at $\_\_\_\_\_\_\_\_\_\_ per hour.)

□ The application fee must be paid in full to begin the application.

□ Proof of ownership, lease/deed and/or statement of authority or other documentation regarding the use of the property.

□ Other

The Applicant, by his/her signature below, agrees that he/she understands that the proposal submitted is subject to review by the Town Administrator/Clerk for application completeness and additional information may be required to have the application deemed complete. Such information will be requested within five (5) days of receipt of an application. Upon the application being deemed complete, an administrative approval or denial shall be issued within fifteen (15) days.

Signature of Applicant/Applicant’s Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Town Administrator/Clerk:

Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Application Deemed Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_