

APPLICATION FOR PLAN REVIEW

Location

Business Name: \_\_\_\_\_
Assessor's Map and Parcel Number: \_\_\_\_\_
Property Address: \_\_\_\_\_

Owner of Property

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: \_\_\_\_\_

Applicant

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone \_\_\_\_\_
FAX \_\_\_\_\_

Engineer

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: \_\_\_\_\_

Attorney

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone: \_\_\_\_\_
FAX \_\_\_\_\_

Storage Tanks

Existing Proposed
Number Number
Size Size
Above Ground Above Ground
Underground Underground
Contents Contents

Zoning Classification

District \_\_\_\_\_
Groundwater Overlay \_\_\_\_\_
Sewage Daily Flow \* \_\_\_\_\_
Lot Area \_\_\_\_\_
Fire District \_\_\_\_\_

Utilities

Sewer - [ ] Public [ ] Private
Water - [ ] Public [ ] Private
Electrical - Aerial [ ] Underground
Gas - [ ] Natural [ ] Propane

Number of Buildings

Existing \_\_\_\_\_
Proposed \_\_\_\_\_
Demolition \_\_\_\_\_

Parking Spaces

Required \_\_\_\_\_
Provided \_\_\_\_\_
On-Site \_\_\_\_\_
Off-Site \_\_\_\_\_
Handicapped \_\_\_\_\_

Curb Cuts

Existing \_\_\_\_\_
Proposed \_\_\_\_\_
To Close \_\_\_\_\_
Totals \_\_\_\_\_

Total Floor area By Use

Residential \_\_\_\_\_
Office \_\_\_\_\_
Medical Office \_\_\_\_\_
Commercial \_\_\_\_\_
Wholesale \_\_\_\_\_
Institutional \_\_\_\_\_
Industrial \_\_\_\_\_
(Specify Use) \_\_\_\_\_

Use Group Classification

All Other Uses On Site \_\_\_\_\_

