

Date Received: _____

Received By: _____

Review Request for Revision of Prior Plan

(TO BE COMPLETED BY THE APPLICANT)

Development Name _____ Location _____

Owner's Name _____ Phone # _____

Fax # _____

Owner's Address _____

Name of Applicant _____ Phone # _____

Fax # _____

Address of Applicant _____

Applicant is (Check 1) Real Owner Equitable Owner

Name of Surveyor/Engineer _____ Phone # _____

Fax # _____

Address of Surveyor/Engineer _____

Tax Parcel No. _____ Total Area (acres) _____ Zoning District _____

Revision to Prior Plan Plan No. _____ Revision Date _____

Proposed Utilities (Check appropriate)

On Site Water On Site Sewage

Public Water Public Sewage

Community Sewage and Water

No New Sewage or Water Proposed

Length of New Road _____ Ft.

Ownership of New Roads Public Private

Land Use No. of Lots Units

Land Use	No. of Lots	Units
Agriculture		
Single Family		
Commercial		
Industrial		

Other Specify _____

Number of New Parking Spaces _____ Proposed Open Space (Acres) _____ Ground Floor Area _____ Sq. Ft.

Structure(s) _____ Sq. Ft.

Home Owners Association responsible for common areas Yes No

It is agreed that this review request for revision of prior plan shall operate as a withdraw of the prior plan described above. A new ninety (90) day time period for review of the revised plan shall commence from the date of submission of the revised plan and this review request.

Signature of Applicant _____

Date _____