

APPLICATION FOR  
SPECIAL MEETING  
OF THE PLANNING COMMISSION  
(PLEASE ANSWER ALL QUESTIONS)

TODAY'S DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ LAND OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT'S NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

SIZE OF PARCEL \_\_\_\_\_ PRESENT USE \_\_\_\_\_

TOTAL SQUARE FEET OF PROJECT \_\_\_\_\_

DESCRIPTION OF PROPOSED PROJECT AND LOCATION \_\_\_\_\_

REASON FOR THE NEED FOR SPECIAL MEETING \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_ ALTERNATE DATE \_\_\_\_\_

**IN ORDER FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, ALL  
REQUIRED INFORMATION AND OTHER APPLICATIONS MUST BE ATTACHED.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF LAND OWNER \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AGENT DATE

OFFICE USE  
APPLICATION NO. \_\_\_\_\_ FEE PAID \_\_\_\_\_ ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_ PUBLIC HEARING/PLANNING COMMISSION REVIEW \_\_\_\_\_