

Date Received:	
Application #: _	

SITE DEVELOPMENT PLAN APPLICATION

A pre-application meeting with staff is encouraged but not required.

A complete application shall consist of the Site Development Plan Application, required fee, and a PDF plan set with all requirements listed in the Town's UDO.

APPLICANT INFORMATION:		
Name:		
Mailing Address:		
Email:	Phone:	
PROPERTY OWNER INFORMATION:		
Property Owner:		
Mailing Address:		
Email:	Phone:	
PROPOSED PROJECT INFORMATION:		
Tax Parcel #:	Acres:	
Property Address:		
Current Zoning District:	Watershed Overlay District: ☐ Yes	□ No
Utilities: Public water	□ Public sewer □ Well	□ Septic
Proposed Use:	Existing Use:	
Total Square Footage of Proposed Build	lings:	
Number of proposed buildings/units: _	Total percentage of Built U	pon Area:
APPLICATION SUBMITTAL SIGNATURES	<u>5:</u>	
I hereby consent to the contents of this correct to the best of my knowledge.	s application and acknowledge the responses	contained herein are
Person Representing Application:	Signature of Property Owner	er(s):
Signature:	Signature:	
Printed Name:	Printed Name:	