

☐ New/Expired Permit (\$500)☐ Amended Application (\$250)

Project Name: _____

Location or Address of Subject Property: _____
(please attach legal description)

Current Zoning on Subject Property: _____ Current Land Use: _____

Total Area: _____ Acres

Applicant Name(s): _____ Phone: _____

Company: _____ Email: _____

Mailing Address: _____
Street City State Zip

Property Owner Name(s): _____ Phone: _____

Company: _____ Email: _____

Mailing Address: _____
Street City State ZipExplain construction activities: _____

_____*NOTE: Application must be submitted 28 days prior to regularly scheduled Planning Commission meeting*

Signature of owner or agent: _____ Date: _____

FOR OFFICE USE ONLY

Application No: _____ Application Fee Paid: \$ _____ Date Paid: _____

Cashier Code: TEMPCON Receipt #: _____ Planning Commission Meeting Date: _____

Received By: _____ Date: _____