



PROJECT PLAN REVIEW SUBMITTAL FORM - DEVELOPMENT

PROJECT INFORMATION		
Project/Subdivision Name:		Unit/Phase:
Submittal Date:	Submitted By:	
Address:		
District:	Land Lot(s):	Parcel(s):

Plan Type <input checked="" type="checkbox"/>	Concept	Preliminary	Final
Project Type <input checked="" type="checkbox"/>	Residential	Commercial	Industrial
Zoning:	Rezoning/Special Use Case Number:		

Acreage:	Sanitary Service <input checked="" type="checkbox"/>	Sewer	Septic
Required Sewer Capacity:			
Number of Lots:		Minimum Lot Size:	
Watershed			
Buffer(s) Required? <input checked="" type="checkbox"/>	Yes	Type	No
Detention Provided? <input checked="" type="checkbox"/>	Yes	Number of Ponds	No
Lake(s) Proposed? <input checked="" type="checkbox"/>	Yes	No	

CONTACT INFORMATION		
Property Owner:	Contact Person:	
Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Designer:	Contact Person:	
Address:		
City:	State:	Zip Code:
Phone Number:	Email:	

OFFICE USE ONLY

PLANEN: _____
 PLANAD: _____
 FIREIN: _____
TOTAL: _____

RECEIPT #: _____
 TAKEN BY: _____
 DATE PAID: _____