

Submittal Date: _____

Planning Dept. Miscellaneous Application

Mailing Address:State:Zip:	
Phone: () Fax: () Cell: ()	
Email Address:	
Signature: Date: / /	
Application Contact (if different than above): **Application Contact will be the Planning Department's primary point of contact for questions related to the app	lication.
Mailing Address: Zip: City: State: Zip:	
Phone: () Fax: () Cell: ()	
Email Address:	
Signature: Date: /	
Property Information (if applicable)	
Parcel No. & Legal Description of Subject Property:	
Address of Subject Property:	
Name of Property Owner:	
members of the Planning and Zoning Commission and City Council are required to generally disclose the content oparte discussion (outside the hearing) with any person, including the property owner or representative, regarding	- f
application. Property Owner's Signature:	; this
Property Owner's Signature: Date: /	; this
Property Owner's Signature: Date: /	; this