

Case No \_\_\_\_\_



### ADMINISTRATIVE REVIEW

TYPE OF REQUEST	(Please check the box that apply) <input type="checkbox"/> MINOR SUBDIVISION <input type="checkbox"/> OTHER (Please State) _____
APPLICANT INFORMATION	Petitioner/Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone _____ Fax _____ E-Mail _____  (All staff correspondence will be sent only to the designated contact person)
PROPERTY OWNERSHIP	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone _____ Fax _____ E-Mail _____
REQUEST LOCATION	Location Address _____ City _____ State _____ Zip _____ Zoning District: _____ Subdivision _____ Block _____ Lot: _____ Deed Reference: Book _____ Page _____ Property Dimension: Frontage _____ ft.; Depth _____ ft Area _____ Acres/Square feet
REQUEST	Purpose of Request (attach additional pages as necessary) _____ _____ _____ _____ _____

