

Case No _____



PLANNING COMMISSION

TYPE OF REQUEST	<input type="checkbox"/> PETITION FOR A PLANNED UNIT DEVELOPMENT <input type="checkbox"/> REZONING <input type="checkbox"/> RIGHT-OF-WAY CLOSING <input type="checkbox"/> SUBDIVISION PLAT <input type="checkbox"/> OTHER _____
APPLICANT INFORMATION	Petitioner/Contact Person: _____ Mailing _____ 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 _____ Present Zoning _____ Purpose: (attach additional pages as necessary) _____ _____ _____ _____

