VILLAGE OF REMINDERVILLE
SUBMISSIONS TO THE PLANNING AND ZONING COMMISSION
APPLICATION

APPLICANT INFORMATION:

Applicant: _____ Project Name: _____

Location: _____ City _____ State _____ Zip _____

Phone: _____ Fax _____ E-mail _____

1 BRIEF DESCRIPTION OF THE PROPOSED PROJECT

☐ Site Plan ☐ Zoning Amendment ☐ Lot Split/Consolidation ☐ Conditional Zoning

2 REGISTERED DESIGN PROFESSIONAL INFORMATION: ☐ Architect ☐ Engineer ☐ Other: _____

Designer: _____ Registration /Certificate No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

3 CERTIFICATION:

I certify that I am the ☐ Owner ☐ Agent for the owner

and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Signature _____

Print Name: _____ Date _____

4 THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Date received: _____ Application Number: _____

Check Number: _____

Processed by: _____ ☐ Walk in ☐ Mail in

"An Equal Opportunity Employer and Service Provider"