



CITY 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