

SITE PLAN REVIEW - APPLICATION

Administrative Sketch Plan     Preliminary Site Plan     Final Site Plan

Applicant's Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Property owner \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Property address \_\_\_\_\_ Parcel Tax # \_\_\_\_\_  
Zoning district \_\_\_\_\_  
Property Size \_\_\_\_\_ Acres OR \_\_\_\_\_ Square feet  
New Structure \_\_\_\_\_ Addition: \_\_\_\_\_ Alteration/repair/replacement \_\_\_\_\_  
Plat Development \_\_\_\_\_ Site Condominium development \_\_\_\_\_  
Other \_\_\_\_\_

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DEADLINE FOR SUBMITTAL: Application for site plan and supporting documents must be submitted and fees paid at least ~~28~~ 21 days prior to the next regularly scheduled Planning Commission meeting.

APPLICATION MUST CONTAIN MATERIALS PREPARED IN ACCORDANCE WITH AND REQUIRED BY ~~ARTICLE 23~~ OF THE CITY OF LINDEN ZONING ORDINANCE  
*Section 3.5 - Site Plan Review*

**INCOMPLETE SITE PLAN SUBMITTAL WILL NOT BE ACCEPTED**

I certify that the information given herein is true and correct to the best of my knowledge:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Zoning Administrator Use Only:

Fee Amount Paid \_\_\_\_\_ Consultant Retainer Paid \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Referred to Planning Commission \_\_\_\_\_ Meeting Date \_\_\_\_\_

Date Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signature of Zoning Administrator \_\_\_\_\_ Date: \_\_\_\_\_