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|--|--|--|
| <input type="checkbox"/> BUILDING PERMIT - NEW CONSTRUCTION        | <input type="checkbox"/> REZONING        | <input type="checkbox"/> ADMINISTRATIVE REVIEW |
| <input type="checkbox"/> BUILDING PERMIT - EXPANSION OR RENOVATION | <input type="checkbox"/> SIGNAGE         | <input type="checkbox"/> BOARD REVIEW          |
| <input type="checkbox"/> BUILDING PERMIT - GRADING PLAN            | <input type="checkbox"/> ZONING VARIANCE |  |

**PUBLISHED APPLICANT NAME** - *no individuals on behalf of* -

DATE FILED

MEETING DATE (IF APPLICABLE)

FILE NUMBER

## CORRESPONDENCE

*Correspondence related to this application will be directed to the contact listed below.*

- ☐ APPLICANT ☐ OWNER ☐ OPTION HOLDER ☐ SURVEYOR ☐ ENGINEER ☐ ARCHITECT/LANDSCAPE ARCHITECT ☐ ATTORNEY

NAME

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

## CURRENT PROPERTY INFO

- ☐ MULTIPLE OWNERS / OPTION HOLDERS ☐ PART OF PARCEL

**OWNER NAME** - *if different* -

**OWNER ADDRESS**

**OWNER PHONE/EMAIL**

**PROPERTY ADDRESS**

**PARCEL ID(S)**

**PART OF PARCEL? (Y/N)**

**TRACT SIZE**

## STAFF USE ONLY

- ☐ CITY ☐ COUNTY

**GENERAL LOCATION**

**DISTRICT**

**ZONING**

**SECTOR PLAN  
LAND USE CLASSIFICATION**

**PLANNING SECTOR**

**EXISTING LAND USE**

## REQUEST

### BUILDING PERMIT

- ☐ NEW CONSTRUCTION  
☐ EXPANSION OR RENOVATION  
☐ GRADING PLAN

### ☐ REZONING

- ☐ SIGNAGE  
☐ ZONING VARIANCE

### PLAN MATERIALS:

- ☐ DEVELOPMENT PLAN  
☐ BUILDING ELEVATIONS  
☐ FLOOR PLAN  
☐ LANDSCAPE PLAN  
☐ SIGNAGE PLAN  
☐ OFF-STREET PARKING

☐ OTHER:

WAIVERS OR VARIANCES REQUESTED? ☐ YES ☐ NO

ADMINISTRATIVE REVIEW: ☐ LIGHTING ☐ LANDSCAPING PLAN

## RENOVATION OR EXPANSION

SUMMARY OF WORK TO BE PERFORMED:

## ZONING VARIANCE

SUMMARY OF ZONING VARIANCE REQUEST:

## REZONING

REZONE FROM: \_\_\_\_\_

TO: \_\_\_\_\_

SECTOR PLAN AMENDMENT FROM: \_\_\_\_\_

TO: \_\_\_\_\_

## SIGNAGE

### ☐ YARD SIGN

AREA: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_  
FINISH: \_\_\_\_\_

### ☐ BUILDING SIGN

AREA: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_  
FINISH: \_\_\_\_\_

### ☐ OTHER SIGN

AREA: \_\_\_\_\_  
HEIGHT: \_\_\_\_\_  
TYPE: \_\_\_\_\_

## STAFF USE ONLY

- ☐ TTCDA Checklist  
☐ Property Owners/Option Holders

CODE

FEE

CODE

FEE

TOTAL

## AUTHORIZATION

*By signing below*

*You certify that you are the property owner and/or authorized representative.*

APPLICATION AUTHORIZED BY

AFFILIATION

DATE

PHONE NUMBER

EMAIL

STAFF SIGNATURE

PRINT NAME

DATE PAID