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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

LAND USE / PLACE TYPE

PLANNING SECTOR

EXISTING LAND USE

REQUEST

BUILDING PERMIT

- ☐ NEW CONSTRUCTION
☐ EXPANSION OR RENOVATION
☐ GRADING PLAN

☐ REZONING

- ☐ SIGNAGE
☐ ZONING VARIANCE

WAIVERS OR VARIANCES REQUESTED? (Y/N)

ADMINISTRATIVE REVIEW: ☐ LIGHTING ☐ LANDSCAPING PLAN

PLAN MATERIALS:

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

☐ OTHER:

RENOVATION OR EXPANSION

PLEASE PROVIDE A SUMMARY OF THE WORK TO BE PERFORMED:

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