

**STAFF APPROVAL APPLICATION**

*All information must be complete to initiate processing of application*

**SUBJECT PROPERTY**

Street Address \_\_\_\_\_ Project Number \_\_\_\_\_

**APPLICANT/BILLING CONTACT**

Business Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**OWNER**

Business Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**DEVELOPER**

Business Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**PROPOSED PRIMARY USE (check one only)**     Residential     Non-Residential     Mixed Use

**WORK DESCRIPTION or CHANGES REQUESTED**

**Site Plan Number to Amend** \_\_\_\_\_     Three (3) copies (folded 8 1/2 x 11) of proposed amendment

**SUBMISSION REQUIREMENTS**

- Site, Architectural and Detail Plans of proposed amendment; Three (3) hard copies and One (1) digital copy (PDF preferred)
- Digital copy of previously approved plan
- Digital PDF copy of all notification forms given to adjacent property owners
- Community Architect Office (CAO) approval letter (*Kentlands Residents Only*)
- Architectural Review Committee approval letter (*Lakelands Residents Only*)
- Digital copy of original approved sediment control plan (*only if changes are to grading or pavement*)