

APPLICATION FOR DEVELOPMENT

PLEASE CHECK THE TYPE OF REVIEW

- West Innovation Districts
(Zoning Code Sections 153.037 - 153.043)
- Bridge Street Corridor Districts
(Zoning Code Sections 153.057- 153.066)
- Wireless Communication Facility (Chapter 99)

PLEASE CHECK THE APPLICATION TYPE

- Basic Plan Review
- Development Plan Review
- Waiver Review
- Open Space Fee-in-Lieu
- City Council Appeal
- Minor Project
- Site Plan Review
- Master Sign Plan
- Parking Plan
- Administrative Departure

Wireless Applications

- New Tower
- Alternative Structure
- Co-Location
- Temporary

The following applications require review and decision by the **Planning and Zoning Commission, Board of Zoning Appeals, or Architectural Review Board**, but may be submitted concurrently with another application.

Check any that apply:

- Conditional Use
- Administrative Appeal
- Project involving modifications to property within the Architectural Review District
- Other: _____
- Rezoning

SUBMISSION REQUIREMENTS

- Fee** (refer to the approved fees list)
- Electronic Copies** of all application materials (PDF, JPEG, Word, etc. as appropriate)
- Submission Requirements** for each type of application (refer to checklists)
- Legal Description and/or Property Survey** for the subject property

I. PROPERTY INFORMATION:

Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

Property Address(es):	
Tax ID/Parcel Number(s):	Parcel Size(s) in Acres:
Existing Land Use/Development:	Zoning District:

- Check this box if any **Administrative Departures** are requested and attach an Administrative Departure request form.
- Check this box if any **Waivers** are requested as part of the application for development and attach a Waiver Request form.

II. PROPERTY OWNER INFORMATION:

Indicate the person(s) or organization(s) who own the property proposed for development. Attach additional pages if there are multiple property owners.

Name (Individual or Organization):	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE

Date of Acceptance:	Next Decision Due Date:
Final Date of Decision:	Determination:
Director's (or Designee's) Signature:	

III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).

Name: (Individual or Organization)	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.

Name: (Individual or Organization)	
Mailing Address:	
Daytime Telephone:	Fax:
Email or Alternate Contact Information:	

V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.

I, _____, the owner , hereby authorize _____ to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner:	Date:

Check this box if the original Authorization for Owner's Applicant(s)/Representative(s) is attached as a separate document.

VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application. This is optional, but recommended.

I, _____, the owner or authorized representative , hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.	
Signature of Owner or Authorized Representative:	Date:

VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.

I, _____, the owner or authorized representative , have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted, is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Current Property Owner or Authorized Representative:	Date:

Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.

Subscribed and sworn to before me this _____ day of _____, 20_____

State of _____

{Notary Public Seal}

County of _____



Case # _____ - _____

SITE PLAN **WAIVER** REVIEW

I. **PROPERTY INFORMATION:** Provide information to identify properties and the proposed development. Attach additional sheets if necessary.

GENERAL INFORMATION
Please complete one Site Plan Waiver Review form for each design issue or instance and attach to the **Application for Development.**

APPLICATION REQUIREMENTS

- Completed original Application for Development
- Site Plan Waiver Review criteria statement (below, or attached)
- Associated applicable site plans/elevations/etc. clearly identifying the proposed Site Plan Waivers
- Electronic copies (PDF, JPEG, Word, etc. as appropriate) of all application materials
- 10 scaled copies (11x17 or 22x34) specifically showing the proposed Site Plan Waiver, with the Waiver clearly indicated on all other submitted plans and application materials

Property Address(es):	
Tax ID/Parcel Number(s):	Zoning District:
List the Zoning Code Section for which a Waiver is requested.	
Briefly describe the proposed Site Plan Waiver(s). Attach additional pages as needed.	

II. **SITE PLAN WAIVER REVIEW CRITERIA:** Address the following review criteria specific to the proposed Site Plan Waiver (refer to Zoning Code Section 153.066(F)(4) for additional information). Attach additional pages as needed.

Describe how the need for the Site Plan Waiver is caused by unique site conditions, the use of or conditions on the property or surrounding properties, or other circumstances outside the control of the owner/lessee, including easements and rights-of-way.	
Explain whether the Waiver is being requested solely as a means to reduce costs or as a matter of general convenience.	
Explain whether the Waiver, if approved, will have the effect of authorizing any use or open space type that is not otherwise permitted in that zoning district.	
Describe how the Waiver, if approved, will ensure that the development is of equal or greater development quality with respect to design, material, and other similar features than without the Waiver.	

FOR OFFICE USE ONLY: PLANNING AND ZONING COMMISSION DETERMINATION	
Administrative Review Team Recommendation:	Date of Administrative Review Team Recommendation:
Planning & Zoning Commission Determination:	Date of Planning and Zoning Commission Decision:
Notes:	