



# COMMUNITY DEVELOPMENT PROJECT REVIEW APPLICATION

Date Received \_\_\_\_\_

Project Name \_\_\_\_\_

Project # \_\_\_\_\_

***APPLICANT: Provide information in the shaded section of this form; submit with three (3) complete sets of plans with a completed pass-thru account application and agreement.***

Action Requested	_____	
Type of Development	_____	
Physical Address	_____	
Legal Description	_____	
Owner/Developer	Other Agent	_____
Mailing Address	Mailing Address	_____
_____	_____	_____
Phone #	Phone #	_____
Fax #	Fax #	_____
Email	_____	
Owner/Developer Signature	_____	

**NOTIFICATIONS REQUIRED**

Published Public Hearing Notice \_\_\_\_\_  
 Property Owners Notified (mailed) \_\_\_\_\_  
 Posted Notice \_\_\_\_\_

**APPLICABLE FEES**

Hourly Plan Review Charges:

Staff review @ \$85/hr.  
 Attorney fees are 110% of attorney's invoice  
 Consultant fees are 110% of consultant's invoice

At-Cost Fees:

Public Notice (publishing, posting and mailed notice)  
 Miscellaneous