

City of Lorena Development Services Universal Application

Please check the appropriate box below to indicate the type of application you are requesting and provide all information required to process your request.

<input type="checkbox"/> Pre-Design Meeting	<input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Zoning Change
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Zoning Variance (ZBA)	<input type="checkbox"/> Subdivision Variance
<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Amending Plat
<input type="checkbox"/> Replat	<input type="checkbox"/> Planned Development Concept Plan	<input type="checkbox"/> Planned Development Detailed Plan
<input type="checkbox"/> Other _____		

PROJECT INFORMATION

Project Name: _____

Project Address (Location): _____

Existing Zoning: _____ Proposed Zoning: _____

Existing Use: _____ Proposed Use: _____

Existing Comprehensive Plan Designation: _____ Gross Acres: _____

Application Requirements: The applicant is required to submit sufficient information that describes and justifies the proposal. Please include a copy of the current plat and survey for the property. **See appropriate checklist located within the applicable ordinance and fee schedule for minimum requirements. Incomplete applications will not be processed.**

APPLICANT INFORMATION

Applicant: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

Property Owner: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

Key Contact: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

SIGNATURE OF PROPERTY OWNER OR APPLICANT (SIGN AND PRINT OR TYPE NAME)

SIGNATURE: _____

(Letter of authorization required if signature is other than property owner)

Print or Type Name: _____

Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this _____ day of _____ 20____

Notary Public

For Departmental Use Only

Case No.: _____

Project Manager: _____

Total Fee(s): _____

Check No.: _____

Date Submitted: _____

Accepted By: _____