

## 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: \_\_\_\_\_