

SURROUNDING LAND USES AND ZONING

List all surrounding land uses and zoning districts adjacent to the property, including those across roads.

LAND USE		ZONING	
NORTH			
SOUTH			
EAST			
WEST			

APPLICANT(S)

Company Name		Company Name	
Name of Person & Title		Name of Person & Title	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPERTY OWNER(S)

Company Name		Company Name	
Name of Person & Title		Name of Person & Title	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPRESENTATIVE(S)

Company Name		Company Name	
Name of Person & Title		Name of Person & Title	
Mailing Address		Mailing Address	
City, State, Zip Code		City, State, Zip Code	
Daytime Telephone		Daytime Telephone	
E-mail Address		E-mail Address	
Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Correspondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATIONS

APPLICANT(S):

The information provided is accurate to the best of my knowledge. I acknowledge that any percolation tests, topographic studies, or other requirements of the Health Official, Director of Building and Development, or Zoning Administrator will be carried out at my expense. I understand that the County may deny, approve, or conditionally approve that for which I am applying. I certify that all property corners have been clearly staked and flagged. I understand the Board of Supervisors may, pursuant to Section 6-405 (B) of the Revised 1993 Zoning Ordinance, declare such application "Dismissed Deemed Withdrawn" should the applicant refuse or neglect to diligently pursue such application either by request of the applicant or by the applicant initiating no contact with County staff and engaging in no activity in regards to the application for periods specified in the Ordinance

Printed Name of Applicant		Printed Name of Applicant	
Signature of Applicant	Date	Signature of Applicant	Date

PROPERTY OWNER(S) (to be signed by all property owners):

I have read this completed application, understand its intent, and freely consent to its filing. Furthermore, I grant permission to the Department of Building and Development and/or Planning and other authorized government agents to enter the property and make such investigations and tests as they deem necessary.

Printed Name of Property Owner		Printed Name of Property Owner	
Signature of Property Owner	Date	Signature of Property Owner	Date