



LAND USE APPLICATION

PROJECT NAME: _____

PROPERTY ADDRESS / GENERAL LOCATION: _____

LEGAL DESCRIPTION: _____

PROJECT DESCRIPTION: _____

STATE PARCEL NO. _____

PLEASE CHECK APPLICATION TYPE:

AGREEMENT

ANNEXATION

CONSTRUCTION DOCUMENTS

DOWNTOWN FAÇADE/VARIANCE

TESC (EROSION CONTROL)

LOT LINE ADJUSTMENT/VACATION

PLANNED DEVELOPMENT PLAN

PLANNED DEVELOPMENT PLAN

AMENDMENT

PLAT

PLAT CORRECTION

SITE DEVELOPMENT PLAN

SITE DEVELOPMENT PLAN AMENDMENT

SKETCH PLAN

STRAIGHT ZONING

TEMPORARY USE PERMIT

USE BY SPECIAL REVIEW

WIRELESS COMMUNICATION
FACILITIES

OTHER: _____

SUMMARY DATA:

Current Zoning _____

Acreage _____

Current Use _____

Pre-Application Meeting Date and Staff Member Name (if known) _____

Proposed Zoning _____

Proposed No. of Lots _____

Proposed No. of Dwelling Units or Buildings (if Commercial) _____

Proposed Building Sq.Ft. _____

Additional Info. _____

PROPERTY OWNER INFORMATION:

Name _____

Company _____

Address _____

Phone _____

Email _____

Jared Jacobs
Property Owner Signature (Required) _____ Date _____

REPRESENTATIVE INFORMATION:

Name _____

Company _____

Address _____

Phone _____

Email _____

[Signature] 1/28/2026
Representative Signature (Required) _____ Date _____

Additional names and contact information to send project comments to (e.g., engineer, architect):

Name _____

Company _____

Email _____

Name _____

Company _____

Email _____