

CITY OF STILLWATER - DEVELOPMENT SERVICES DEPARTMENT
APPLICATION FOR REVIEW/ACTION

ZONING:

- _____ Map Amendment
- _____ Planned Unit Development
- _____ Preliminary
- _____ Final
- _____ Subdivision
- _____ Amendment
- _____ Specific Use Permit
- _____ Annexation

SITE PLANS:

- _____ Minor Amendment
- _____ Final Drill Site Development Plan

SUBDIVISION:

- _____ Lot Split
- _____ Commercial Minor Subdivision
- _____ Minor Subdivision
- _____ Preliminary Plat
- _____ Final Plat

OTHER:

- _____ Closing
- _____ Improvement Plans
- _____ Drainage Plans/Study
- _____ Drilling Permit

COMMERCIAL USE-BY-RIGHT: Complete a Commercial Building Permit Application **AND** Commercial Use-By-Right Checklist

Title of Subdivision/Plan/Use: _____
Owner(s) of Property: _____
Owner(s) Address: _____
Owner(s) Phone/Fax/Email: _____
Applicant/Developer of Property: _____
Applicant/Developer Address: _____
Applicant/Developer Phone/Fax/Email: _____
Design Engineer address/phone/fax/email & Registration No.: _____

Surveyor address/phone/fax/email & Registration No.: _____

Address or Description of Property to be Subdivided/Developed: _____

Original Tract Deed Book and Page Number: _____
Number of Acres in Development: _____
Number of Lots Created: _____
Current Zoning/Requested Zoning: _____
Reason for zoning request/use permit/map amendment (describe project): _____

This application must be accompanied by the appropriate checklist for the type of item being submitted for review. This application must be completed, signed, and dated by the Applicant and Owner(s).

We do hereby certify that the information provided herein is both complete and accurate to the best of our knowledge, and we understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Applicant/Preparer Date

Owner/Agent (with documentation) Date

Applicant/Preparer Date

Owner/Agent (with documentation) Date

For City of Stillwater Use Only:

CASE NO#: _____

Submission Date: _____
Approval Date: _____

Processing Tract: IRC _____, PC _____, CC _____
Fees: _____ Number of Copies: _____

