

FOR OFFICE USE ONLY

Date filed: _____

Application No.: _____

Planning Commission Meeting Date: _____

Planning Commission Recommendation: _____

TOWN OF INDIAN HEAD SUBDIVISION & IMPROVEMENT PLAN APPLICATION

APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY. APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETE. APPLICATION MUST BE SUBMITTED 14 CALENDAR DAYS PRIOR TO THE NEXT PLANNING COMMISSION MEETING TO BE PLACED ON THE AGENDA*

RESIDENTIAL COMMERCIAL

SUBDIVISION IMPROVEMENT PLAN

1. SUBJECT PROPERTY

Project Name: _____

Street Address: _____

Tax Map: _____ Parcel: _____

Zoning: _____ Lot: _____ Block: _____

Subdivision Name: _____

Tax Identification No.: _____ Libre & Folio: _____

Proposed Use: _____

Check if special exception needed.

2. APPLICANT/PETITIONER

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

3. PROPERTY OWNER

Check if same as applicant.

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

4. ENGINEER/SURVEYOR

Name: _____
Street Address: _____ Suite No.: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Home Phone: _____
Email: _____

5. SUBMISSION – SUBDIVISION PLAN OR IMPROVEMENT PLAN

Thirteen (13) copies showing the properties to be subdivided or improved must be included with the application.

SITE PLAN OR SURVEY PLAT shall include subdivision name, north arrow, site location map, name and address of owner(s) of record, name and address of surveyor and/or engineer, existing and proposed structures with setbacks, and site data. Plans shall be in conformance with the Town of Indian Head's Comprehensive Plan, Zoning Ordinance, Subdivision Regulations and Design Manual, as amended. Plans must be to scale no larger than 1 inch = 50 feet. Required size of plan: 24"x36" or 18"x24" folded to 8 ½ "x11".

I DO SOLEMNLY DELCARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AGREE TO PAY ALL ASSOCIATED SUBMISSION AND REVIEW FEES RELATED TO THIS APPLICATION. (Fees are outlined in the Town of Indian Head Budget Ordinance)

APPLICANT:

Signature: _____ Date: _____

Print Name: _____

PROPERTY OWNER: (if different than applicant)

Signature: _____ Date: _____

Print Name: _____