



PROJECT PREVIEW MEETING (PPM) APPLICATION

APPLICANT:

NAME: _____ DATE: _____

ORGANIZATION: _____ PHONE: _____

EMAIL: _____

ADDRESS: _____

AUTHORIZED REPRESENTATIVE: _____

PROPERTY INFORMATION:

OWNER NAME: _____

PROPERTY ADDRESS: _____

TAX MAP NUMBER(S): _____

CURRENT ZONING DESIGNATION: _____ TOTAL ACREAGE: _____

IS THE PROJECT LOCATED WITHIN AN AREA PLAN BOUNDARY? YES ☐ NO ☐

PROJECT INFORMATION:

DATE OF PRE-SUBMITTAL MEETING: _____

NATURE OF PROJECT: _____

NUMBER OF LOTS PROPOSED: _____ PROPOSED DENSITY: _____

GENERAL LOT SIZE: _____ PROPOSED PHASES: _____

OPEN SPACE ACREAGE: _____ OPEN SPACE PERCENTAGE: _____

WATER PROVIDER: _____ SEWER PROVIDER: _____

ANTICIPATED VARIANCE REQUESTS? _____

APPLICANT SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____