

### FBZ FORM: GENERAL INFORMATION

Project Name:  Proposed Use:

Site Address  Existing Zone:

Acreage:  Tax Schedule Number(s):

Direction from Nearest Street Intersection:

**TYPE OF PLAN(S)** - Check all that apply. Click [HERE](#) to be directed to the Application Checklist page. Each checklist includes plan content requirements and submittal requirements.

- |  |   |
|--|---|
| <input type="checkbox"/> Development Plan - FBZ            | <input type="checkbox"/> Interim Use Plan - FBZ       |
| <input type="checkbox"/> Amendment to FBZ Development Plan | <input type="checkbox"/> Conditional Use - FBZ        |
| <input type="checkbox"/> Warrant                           | <input type="checkbox"/> Minor Improvement Plan - FBZ |

**PROJECT DESCRIPTION:** Briefly describe the proposed project, including commercial, office and Industrial square footage and/or residential lots or dwelling units.

#### OWNER/APPLICANT ACKNOWLEDGEMENT OF RESPONSIBILITIES:

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I (we) am (are) fully aware that any misrepresentation of any information on this application may be grounds for denial of this application. I (we) agree that if this request is approved, it is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representations or conditions of approval. The applicant/owner by his or her signature understands and agrees that he or she is responsible for the completion of all on-site and off-site improvements as shown and approved on the final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

#### CONTACT INFORMATION

Applicant:

Address:  City:  State:

Zip Code:  E-Mail:  Phone:

Fax:

Owner:

Address:  City:  State:

Zip Code:  E-Mail:  Phone:

Fax:

#### PLANNER AUTHORIZATION TO SUBMIT PROJECT: (CITY USE ONLY)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Applicable Checklists          | <input type="checkbox"/> Administrative (AR) | <input type="checkbox"/> Downtown Review Board (DRB) |
| <input type="checkbox"/> Distribution Buckslip Attached | Application Accepted by: _____ Date: _____   |  |
| <input type="checkbox"/> Payment                        | City File No(s): _____                       |  |
| Receipt No. <input type="text"/>                        |  |  |