

CITY OF AUBURN

APPLICATION FOR SITE PLAN REVIEW

(Must Be Submitted At Least Thirty (30)Days Prior To Meeting)

Completed Application must include all fees, 10 full size copies and 1 reduced copy.

\$ 100.00 Fee

Applicant: _____ Date: _____

Address: _____

Telephone: () _____ Fax: () _____

Applicants Signature: _____

Owner (If different than applicant): _____

Address: _____

Telephone () _____ Fax () _____

Owner's Signature _____

Subject Property Address: _____

Legal Description (Provide the legal description of the property affected - if additional space is needed please attach on a separate sheet to this application):

Current Use(s): _____

Proposed Use(s): _____

All Uses: Number of Employees Maximum per Shift _____
 Estimated Daily Traffic Generation _____
 Expected Hours of Operation _____
 Number of Parking Spaces _____

Residential Uses: Type of Dwelling Units _____
 Total Number of Units _____
 Estimated Population _____

For Office Use Only:

Date Filed: _____ Amount Paid: _____

Hearing Date: _____ Current Zoning: _____

Parcel Identification Number: _____

Checklist Submitted: _____