

## **Application for Plan Reapproval**

This Application is for:					Land Development					
Name of Development		nt			Development					
	ty									
	nt:									
Address		•					Phone:			
City		State		Zip	)		Fax:			
	Name of Own	er								
Address							Phone:			
City		State		Zip	)		Fax:			
	or				(	Contact:				
Address		1					Phone:			
City		State		Zip	)		Fax:			
Total Acreage										
Total Number of Lots						hases				
Total Lots in Adams			Total Lots out							
This Phase Number				Number of Lots this Phase						
Total Acreage Zoning district				Total Acreage this Phase						
		Proposed Use								
Are any of the following need for this submission?										
<u> </u>		Special Exc	ception:		Co	ondit	ional Use	:	Variance:	
Describe										
Type of Sewage Disposal Type of Water Supply										
		Type of Water Supply								
Explain proposal in detail:										

The applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief.

Signature:

Date:

## Applications must be completed and returned, accompanied by a fee of \$100.00 for all Plan Reapprovals.

\*\*\*\*\*\*Application Fee required for all Plan Reapprovals: \$100.00\*\*\*\*\*\*