## **Planning and Development Application**



Please type or print all information

Staff Use	
Application Number	Date Received
Review Fee	Date Paid
Project Address/Location	
Total Project Acreage	Current Zoning
Tax Parcel Number(s)	
2. Applicant/Owner Name	Applicant Phone
Mailing Address	
City	ST Zip Email
	r this project?YesNo gnation of Agent form. (required if Applicant is not property owner)
4. Engineer/Architect/Surveyor _	License No
Firm Name	Firm Phone
Firm Mailing Address	
City	ST Zip Email
Signature	Date
	covenant or other private agreement that is contrary to, conflicts with or e property that is the subject of the application? yes no

- 6. In accordance with Article 18 of the North Augusta Development Code, I hereby request the City of North Augusta review the attached project plans. The documents required by the City of North Augusta, as outlined in Appendix B of the North Augusta Development Code, are attached for the City's review for completeness. The applicant acknowledges that all required documents must be correct and complete to initiate the compliance review process.
- 7.

**Applicant or Designated Agent Signature** 

Date

**Print Applicant or Agent Name**