



APPLICATION FOR APPROVAL

Site Plan **Preliminary Plat** **Final Plat**

Owner: _____

Fee: _____

Map & Parcel: _____ Location: _____

Zoning classification: _____ Number of Lots: _____

Owner Signature: _____

	Revised Date	Approval Date
Health Department		
Soil Erosion		
Drainage		
EPD		

ACTION BY LCPC (APPROVAL) (DISAPPROVAL)

Comments: _____

DATE: _____

Signature of LCPC Chairman

DATE: _____

Signature of Governing Authority