



APPLICATION FOR APPROVAL OF SITE PLAN

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