

Application for Site Plan Review

(Base Fee is \$1,500.00 and is non-refundable) + Deposit¹

Applicant: _____ Date: ____/____/____

Address: _____

Telephone: _____ Fax (____) ____ - _____

Cell Phone: _____

Owner (If different from applicant): _____

Address: _____

E-mail: _____

Address of Property Involved in Appeal: _____

Zoning of Property: _____ Parcel Identification Number: _____

Owner's Signature : _____

Property Address: _____

Tax Identification Number and Legal Description: (If additional space is needed, attach a separate sheet to this application: _____

Proposed Use: _____

Residential Uses

Other

Type of Dwelling Units _____

Estimated No. of Employees _____

Total Number of Units _____

Estimated Traffic _____

Estimated Population _____

Hours of Operation _____

Estimated Traffic _____

Number of Parking Spaces _____

Note ¹ (defined by Table 2 in the Kochville Township Development Guide)

KOCHVILLE TOWNSHIP

Initial Development Fee Escrow Amount Table

Table 2 in the Kochville Township Development Guide updated to \$1,500.00 Base Fee+ note ¹Deposit as of June 1, 2009.

<u>Project Cost</u>	<u>Deposit</u>
Up to \$2.5 million	\$5,000.00
\$2.5 million to \$5 million	\$7,500.00
\$5 million to \$7.5 million	\$10,000.00
\$7.5 million and above	\$12,500.00

(all remaining Deposit funds if any, will be returned to the applicant within 60 Calendar days after the final inspection and a Certificate of Occupancy has been issued). {Base Fee is NOT REFUNDABLE}

Type of Site Plan Review: (check all that apply)

New Building Construction	
External Remodel / Construction	
External & Interior Remodel / Construction	

If checked ABOVE, application must be returned with the **Base Fee and proper Deposit** at least three weeks prior to the scheduled meeting date.

If checked BELOW, application must be returned with the Base fee and proper Deposit when Drawings/Blueprints are sent to the Kochville Office for Review.

Interior Remodel / Construction	
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OFFICE USE ONLY: CASE NUMBER: _____
 Date Filed: ___/___/___ Amount Paid: \$ _____ .00 Receipt #: _____
 Current Zoning: _____

	Date	Action:
Zoning Administrator :	___/___/___	_____
Planning Consultant :	___/___/___	_____
Departmental Review :	___/___/___	_____
Planning Commission :	___/___/___	_____

[This form is NOT FOR SINGLE FAMILY RESIDENTAL housing]