## CITY OF GARRETT PLAN COMMISSION PLANNED DEVELOPMENT APPLICATION

APPLICATION #:		DATE:			
DEVELOPMENT PLAN NAM	ME:				
APPLICANT NAME:		PHONE :			
AGENT NAME:		PHONE:			
GENERAL LOCATION:					
TOWNSHIP #: ACREAGE:	Keyser	<u> </u>	SECTION NO.: NUMBER OF LOT	S·	
PROPOSED USE:		<del></del> ,	ZONING:	J	
TYPE OF SANITARY DISPO	SAL:	City of Garrett			
TYPE OF FRESH WATER DISPOSAL:		City of Garrett	City of Garrett		
TYPE OF STREET					
PROJECTED DEVELOPMEN	IT DATE:				
NAME OF ENGINEER:					
REGISTRATION NUMBER:					
NAME OF SURVEYOR:					
REGISTRATION NUMBER:					
Please attach to this application	n form one copy of th	e proposed deed res	trictions that shall run	with the above described land.	
am aware of the provisions of plan.  The undersigned also verifies t procedures for submitting and	hat I will abide by the	e requirements of the			
PRINTED NAME		<u>—</u>	SIGNATURE	DATE	
VERIFICATION OF FILING FEE A			UBLIC HEARING D	ATE:	
This is to verify that an applicate received on be paid at a later date after the Upon submission of all docum published legal notice, the Gar development plan proposed by		oplication, for a Tota	l = \$as s proposed by this appli	submitted above. Publication to	
	ZONING ADN	MINISTRATOR V	ERIFICATION		
What is the zoning classification	on for the property su	bject to this petition	?		
Have there been any previous of application?	levelopment plans fil	led regarding the pro	perty subject to this		
This application has been insperequired information.	ected by me and has b	peen found to meet t	he minimum requirem	ents for the submission of the	
Milton Otero, Planning Directo	or. City of Garrett. Inc	diana	<del>-</del>	DATE	