



APPLICATION FOR  
**ADMINISTRATIVE SITE PLAN REVIEW**  
WHEN NO PUBLIC HEARING IS REQUIRED

*Planning Staff Use Only*

<b>ASPR Appl No:</b>	<b>Zoning District:</b>	<b>District Map:</b>
<b>Folio(s) #:</b>		<b>Council District:</b>
<b>Date Received</b>	<b>Staff Approval:</b>	<b>Dated Processed:</b>

**OWNER/APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_ Company \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Owner's Name (if different than applicant) \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person for Project Information \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**1. PROJECT LOCATION AND SIZE**

Street Address of Project \_\_\_\_\_  
Lot Dimensions \_\_\_\_\_ Lot Area (sq. ft.) \_\_\_\_\_ Total Project Size (sq. ft.) \_\_\_\_\_

**2. PROJECT DESCRIPTION**

Describe what is to be done \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

**3. CALCULATION OF FEES**

*Check all that apply*

- ☐ Individual Single Family, Two (2) Family or Live Work Unit \$50.00
- ☐ All other uses min fee \$1,500 plus
- ☐ Per Acre or less \$500 and
- ☐ Per Ten (10) Units or portion thereof \$200 or
- ☐ Per 5,000 sq ft or portion thereof \$200

Total \$

*Submittal of the first revised plan will be assessed at no additional charge. Subsequent revisions will be processed at an additional charge of \$250 per revised plan. Final calculation of fees will be determined by the Division of Planning and Zoning Staff.*