



MUNICIPALITY OF MT. LEBANON
SITE PLAN APPLICATION

SP 201\_\_ - \_\_\_\_

TYPE OF APPLICATION: PRELIMINARY FINAL

NAME OF SITE PLAN:

LOCATION OF SITE PLAN:

PROPERTY LOT AND BLOCK NUMBER:

PROPERTY OWNER INFORMATION

NAME:

ADDRESS:

PHONE NUMBER:

APPLICANT INFORMATION (If different from landowner)

NAME:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

PROPERTY INFORMATION

PRESENT CLASSIFICATION:

TRANSITIONAL OVERLAY ZONING:

TOTAL CONTIGUOUS ACREAGE IN PLAN:

LOT AREA: SQ. FT. LOT FRONTAGE: FEET

TOTAL LOTS OR DWELLING UNITS:

DESCRIPTION OF REQUEST:

In order for the application to be considered complete and properly filed, all the items listed in the APPLICATION CHECKLIST, including the fees, must accompany this application.

I, hereby affirm that all of the information presented in this application, and the materials submitted herewith, are true and I understand that I must abide by all applicable Municipal Ordinances.

SIGNATURE OF APPLICANT: DATE:

To be completed by the municipality

Date Filed: Public Hearing Date: Decision Date:

HAVE ALL ITEMS LISTED IN THE APPLICATION CHECKLIST BEEN SUBMITTED?

YES NO

APPLICATION FILING FEE: \$ DATE PAID: CHECK #

ESCROW REVIEW FEE: \$ CHECK #