



**APPLICATION FORM
SITE PLAN REVIEW**

Planning & Zoning Department
200 Jackson St., Fairmont WV 26554
Phone (304) 366-6211, Ext 333

Office Use
Review Fee _____ Complete _____ Date Received _____

I. TYPE OF REVIEW

- SITE PLAN SITE PLAN - REVISED SITE PLAN - EXTENSION
 SITE PLAN - CONDITIONAL USE (see Conditional Use section for requirements)

II. APPLICANT

APPLICANT'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

III. PROPERTY INFORMATION

PROPERTY ADDRESS _____
GENERAL LOCATION _____
LEGAL DESCRIPTION ATTACHED ON SITE PLAN
PROPERTY IDENTIFICATION NO. _____
PROPERTY SIZE (acres) _____ FRONTAGE (feet) _____
EXISTING ZONING _____ ZONING OF SURROUNDING PROPERTY _____
PROPOSED USE _____
SIZE OF PROPOSED STRUCTURE(S) (square feet) _____

IV. SITE PLAN INFORMATION

SITE PLAN PREPARED BY _____
CONTACT NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____

V. SIGNATURES *(This application form must be signed by both the applicant and legal property owner.)*

The undersigned deposes that the foregoing statements and answers and accompanied information are true and correct.

Signature of Applicant Signature of Legal Owner

Date