



Instructions:

1. All applications must be typed or printed. Illegible applications may be rejected at the discretion of the Community Development Department.
2. All applicable sections must be completed, and the application signed by ALL parties of interest. Unsigned applications *WILL NOT* be processed.
3. All requisite Exhibit Attachments must be included if the application is to be deemed complete.

Type of Application:		OFFICIAL USE ONLY	Case # _____
<i>(Check All that Apply)</i>		Trakit #:	_____
<input type="checkbox"/> Amendment to Comprehensive Plan	<input type="checkbox"/> Vacation of Lot Line or Easement	Application Accepted by:	_____
<input type="checkbox"/> Annexation & Rezoning	<input type="checkbox"/> Use by Special Review	Date:	_____
<input type="checkbox"/> Rezoning or PD Amendment	<input type="checkbox"/> Variance	Fees:	_____
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/> Site Plan	Receipt No.:	_____
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/> Site Plan Amendment	Application Reviewed by:	_____
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Condo Plat	Date:	_____
<input type="checkbox"/> Minor Development Plat	<input type="checkbox"/> Amendment to SIA or Recorded Plat	Application Assigned to:	_____
<input type="checkbox"/> Re-Plat	<input type="checkbox"/> Other: _____	Date:	_____

PROPERTY	Project Name: _____			
	Address or General Location:			
	Section <input type="text"/>	<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> SW <input type="checkbox"/> SE	Lot <input type="text"/>	
	Township <input type="text"/>		Block <input type="text"/>	
	Range <input type="text"/>		Filing No. <input type="text"/>	
	Total Acres: Gross <input type="text"/>	Net <input type="text"/>		
Requested Application in Detail:				

Property Owner of Record:		Applicant (if different from Property Owner):	
Name:	_____	Name:	_____
Company:	_____	Company:	_____
Address:	_____	Address:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____
Project Representative or Consultant:		For Subject Property, List Utility Providers	
Name:	_____	Water:	_____
Company:	_____	Sanitary Sewer:	_____
Address:	_____	Electricity:	_____
Phone:	_____	Gas:	_____
Fax:	_____	Telephone:	_____
Email:	_____	Cable:	_____
<i>Note: Unless otherwise specified, all correspondence from the Town will be directed to the project representative.</i>		Fire Protection:	_____

Current Property Zoning & Use:		Proposed Property Zoning & Use:	
Zoning:	_____	Requested Zoning:	_____
IF PD, Specify Use:	_____	If Applicable PD Name:	_____
Current Use:	_____	If Rezoning Total Acreage:	_____
Subdivision:	_____	Proposed Use:	_____

Proposals For Construction of New Residential, Commercial, or Industrial Buildings or Space			
Has prior residential project been approved for all or part of this project		Yes <input type="checkbox"/> No <input type="checkbox"/>	Total residential dwelling units requested: _____
Indicate total number of units: _____	Single Family Detached: _____	Single Family Attached: _____	
Multi-Family/Condominiums/Townhomes: _____			

PROPERTY

CONTACTS

PROJECT INFO

COMMERCIAL/INDUSTRIAL

Indicate the type of commercial/industrial development proposed (Check all that applies)

- Retail
 Other Commercial
 Medical/Dental Office
 High Tech Office
 Business/Professional Office
 Light Industrial
 Warehouse
 Other

Please provide additional descriptions as appropriate:

What type of gross leasable square footage for each category indicated above?

Type	No. of Buildings	Gross Square Footage	Leasable Square Footage

By signing below, the Land Owner of Record, Applicant and Project representative are indicating that each understands and agrees to the following terms:

- Authorized personnel from the Town of Parker, and its consultants, are hereby granted the right to enter the subject property for the purposes of reviewing and processing the application.
- The Property Owner of Record acknowledges and agrees that the Town of Parker may file liens against the subject property for any unpaid financial obligation owed to the Town related to reviewing and processing the application.
- There are no known geologic, physical or biologic hazards, or vicious animals present on the subject property except as indicated in the attached Exhibit D.
- All requirements for submission of this application for reviewing and processing by Town of Parker Community Development Department made in accordance with the Town's Land Development Code, and any and all applicable Town of Parker Ordinances and Resolutions.
- All requisite fees have been paid to the Town of Parker.
- All information contained in this application, the attached Exhibits, and other materials submitted in connection with this application are true and accurate to the best knowledge of the Applicant, Land Owner of Record and Project Representative. It is clearly understood and agreed to that false or untruthful information may be grounds for the Town to stop processing this application or withdrawing any approval granted based upon such false or untruthful information.
- The Town of Parker is under no obligation to approve the request contained in the application. No promises of approval are conveyed with the acceptance of this application.
- The schedule of Exhibit attachments, as described below, accompanies this application:
 - Exhibit A: Legal Description of Property.
 - Exhibit B: Title Policy, current to within thirty (30) days of the date of signatures below.
 - Exhibit C: Letter of Authorization from the Property Owner of Record, allowing Applicant and Project Representative to act on their behalf, and accepting ultimate financial obligation for expenses incurred by the Town of Parker as a result of the evaluation of this request.
 - Exhibit D: Disclosure of any Geologic, Physical or Biologic Hazard present on site, or any vicious animals in residence on property.
 - Exhibit E: Vicinity Map of Project Site.

Property Owner of Record:

Print Name:			
Signature:		Date:	

Applicant, if different from Property Owner:

Print Name:			
Signature:		Date:	

Project Representative or Consultant

Print Name:			
Signature:		Date:	