



PLAN REVIEW SUBMITTAL

Planning Commission

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CLICK LINK TO SUBMIT COMPLETED FORM:

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DATE: _____

NAME OF PROJECT: _____

LOCATION OF PROJECT: _____

CONTACT NAME: _____

CONTACT PHONE #: _____ EMAIL: _____

PARTY RESPONSIBLE FOR PLAN REVIEW FEES:

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

PHONE #: _____ EMAIL: _____

I / WE UNDERSTAND THAT ALL PLAN REVIEW FEES MUST BE PAID UPON RECEIPT OF INVOICE.

SIGNED: _____ DATED: _____