File # _____

SITE PLAN APPLICATION

Applicant Information

Applicant _____

Mailing address _____

City _____ State _____ Zip _____

Telephone (____)_____ Fax (____)_____

Property Ownership

Property Owner(s)_____

Mailing address _____

City _____ State _____ Zip _____

Telephone (____)_____ Fax (____)_____

Contact Person

Contact Person(s)_____

Mailing address _____

City _____ State _____ Zip _____

Telephone (____)_____ Fax (____)_____E-mail_____

Request

Location address_____

Current Zoning _____

Please provide a brief description of the proposed land development activity and use of land thereafter to take a place on the subject property:_____

_____

_____

_____

Participating Contractors

Please list the name and address of all participating contractors:
(Surveyor, engineer, architect, installer, developer, etc.)

_____

Name_____License #_____

Mailing address _____

City _____ State _____ Zip _____

Telephone (____)_____ Fax (____)_____E-mail_____

File # _____

SITE PLAN APPLICATION (cont.)

Participating Contractors

Please list the name and address of all participating contractor below:
(Including surveyor, engineer, architect, installer, developer, etc.)
Name _____ License # _____

Mailing address _____

City _____ State _____ Zip _____

Telephone (____)_____ Fax (____)_____E-mail_____

Previous Zoning Actions

Please list any previous zoning actions within the past three years. If possible, please include application number, date of application and action taken on all prior applications filed for the zoning action of the whole or part of the land proposed under this application.

Application# Date Action Requested Action Taken

_____

_____

_____

Campaign Contributions

Have you made campaign contributions to one or more Pooler City Official(s), including any member(s) of the Planning Commission, during the past two years that when combined, total an amount greater than $250.00?

☐ No. I have not made campaign contributions to any Pooler City Official(s).

☐ Yes. I have made campaign contributions to one or more Pooler City Official(s).

City Official	Title	Dollar Value	Description of gift

If more space is needed for either contractors or campaign contributions, attach another copy of this form.

Signature & Date (required)

I attest that all the information provided is true to fact: _____

(Applicants Signature)

Date:_____/_____/_____ Attest: _____

(Zoning Administrator or Agent thereof)