

CITY OF FLUSHING

APPLICATION FOR SITE PLAN APPROVAL

Applicant: _____ Phone: _____

Address: _____ City: _____ State: _____

(1.) Address where site plan approval is requested _____

Being legally described as _____

Property is zoned: _____ Size of Parcel: _____

55-
(Parcel No.)

(2.) Name and address of every other person, firm or corporation having a legal or equitable interest in the property.

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

(3.) This application is for site plan approval for the following described project:

(4) Initial submittal requires 6 copies of a fully dimensioned map at a scale of not less than 1" equals 20' for over 5 acres. Under 5 acres, use a scale of 1" equals 100'. Identify the land which would be affected by this site and all abutting land and all public and private rights-of-way, and easements bounding and intersecting the land under consideration. Additional forms and information will be requested prior to setting date for Planning Commission meeting.

(5) I (we) recognize that review costs will be charged in accordance with City Ordinance No. 153.

(Applicant)

TO BE COMPLETED BY CITY

Date received: _____ Tentative Date of Planning Commission Meeting: _____

Receipt number: _____ Tentative Date of City Council Meeting: _____

Note: Meeting dates are subject to change.