



TOWN OF EAGLE
 COMMUNITY DEVELOPMENT
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 www.townofeagle.org

File # _____

Date Received _____

LAND USE & DEVELOPMENT APPLICATION

Pursuant to the Land Use & Development Code, Title 4

<p>ZONING REVIEW</p> <p><input type="checkbox"/> Special Use Permit</p> <p><input type="checkbox"/> Zoning Variance</p> <p><input type="checkbox"/> Rezoning</p> <p><input type="checkbox"/> Temporary Use Permit</p> <p><input type="checkbox"/> Encroachment Permit</p> <p><input type="checkbox"/> Wireless Communications Facility</p>	<p>DEVELOPMENT REVIEW</p> <p><input type="checkbox"/> Minor Development Permit</p> <p><input type="checkbox"/> Major Development Permit</p> <p>PLANNED UNIT DEVELOPMENT (PUD) REVIEW</p> <p><input type="checkbox"/> PUD Zoning Plan</p> <p><input type="checkbox"/> PUD Development Plan</p>	<p>SUBDIVISION REVIEW</p> <p><input type="checkbox"/> Concept Plan</p> <p><input type="checkbox"/> Preliminary Plan</p> <p><input type="checkbox"/> Final Plat</p> <p><input type="checkbox"/> Lot Line Adjustment</p> <p><input type="checkbox"/> Condominium / Townhouse</p> <p><input type="checkbox"/> Minor Subdivision</p>
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If permit type not specified above, fill in here _____

PROJECT NAME _____

PRESENT ZONE DISTRICT _____ PROPOSED ZONE DISTRICT _____
 (if applicable)

LOCATION

STREET ADDRESS _____

PROPERTY DESCRIPTION

SUBDIVISION _____ LOT(S) _____ BLOCK _____
 (attach legal description if not part of a subdivision)

DESCRIPTION OF APPLICATION/PURPOSE _____

APPLICANT NAME _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

OWNER OF RECORD _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

REPRESENTATIVE* _____ **PHONE** _____

ADDRESS _____ **EMAIL** _____

*A representative must submit an affidavit or power of attorney signed by the property owner of record authorizing the representation.