



**Pre-Application
Scrutiny**

TOWN PLANNING & ZONING COMMISSION

Name of Applicant **Phone #**

Applicant's Address **Email Address**

Are You the: Owner Optionee Buyer Agent Other

If Other please explain: _____

Owner(s) of Record (If other than applicant) **Phone #**

Owner's Address **Email Address**

Address of Subject Parcel(s)

MDC Sanitary Sewers Available Yes No **MDC Water Available** Yes No

Size of Subject Parcel(s) **Number of Lots Proposed** **Zone** **Density**

Please describe reason(s) for this pre-application scrutiny: _____

Applicant's Signature **Date**

Owner's Signature **Date**

Office Use Only*****
No Fee **App. rec'd by:** _____ **Comm. Action/Date:** _____