

SITE PLAN REVIEW APPLICATION

City of Inverness



Type of Application	<input type="checkbox"/> Commercial <input type="checkbox"/> Subdivision <input type="checkbox"/> Multi-Family <input type="checkbox"/> Re-Development	City Project No.	DATE RECEIVED
Project Name			
Project Address			
Description			
		Amt. of Impervious after ▼ Construction (sq. ft):	

Utility Main Construction/Extension: None Water Sewer Lift Station Force Main Reclaimed

Dedicated Improvements: None Water Sewer Lift Station Force Main Reclaimed Roadways

Site Information (List All Tax Parcel Identification Numbers)

Twp: Rng: Sec: S/D: Blk/Par: Lot: ALTKEY:

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Acreage: # of Units: Zoning: Parking Spaces: Bldg. Sq Ft:

Applicant Name		Phone	()
Contact		Fax	()
Address		Email	
City, State, Zip			

Owner Name		Phone	()
Contact		Fax	()
Address		Email	
City, State, Zip			

Engineer of Record		Phone	()
Contact		Fax	()
Address		Email	
City, State, Zip			

Applicant or Owner agrees to, and shall, reimburse the City all monies paid for inspections performed outside the Monday, Wednesday and Friday Building Official's availability.

Minimum Documents Required with Application:	
___ Sealed Sets Plans	\$ _____ Plan Review Fee
___ Concurrency	\$ _____ Concurrency Fee
___ Survey	
___ Drainage Calculations	
___ Estimated Cost of Overall Site Improvements	
___ Estimated Cost of Dedicated Utilities	

Signature of Applicant _____ Date _____

Community Development Department