CITY OF STANDISH
SITE PLAN APPLICATION
(RETURN TO CITY OFFICE)

1. PROJECT NAME _____

2. LOCATION OF PROPERTY

ADDRESS _____

PARCEL ID # _____

CROSS STREETS _____

3. IDENTIFICATION

APPLICANT _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

INTEREST IN THE PROPERTY

☐ PROPERTY OWNER ☐ OTHER _____

PROPERTY OWNER _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

PREPARER OF PLAN _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

4. PROPERTY INFORMATION

ZONING DISTRICT _____ CURRENT USE _____

AREA _____ WIDTH _____

PROPOSED USE:

- ☐ RESIDENTIAL — NUMBER OF UNITS _____
- ☐ OFFICE — GROSS FLOOR AREA _____
- ☐ BUSINESS — GROSS FLOOR AREA _____
- ☐ INDUSTRIAL — GROSS FLOOR AREA _____
- ☐ COMMUNITY SERVICE — GROSS FLOOR AREA _____
- ☐ OTHER _____ — GROSS FLOOR AREA _____

I, _____ (applicant), do hereby swear that the above statements are true.

_____

Signature of Applicant Date

I, _____ (property owner), hereby give permission for City of Standish officials, staff, and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

_____

Signature of Owner Date