

Town of Summerdale
Site Plan Review Application

****The Site Plan Committee and Planning Commission require a representative from the project be present at both meetings. ****

Application Date: _____ Applicant Name: _____

Owner Name: _____

Name of Developer: _____

Address/location of Proposed Site:

Parcel No: _____ PIN: _____

Zoning District: _____ Proposed Use of Property: _____

Property Owner Signature: _____

Applicant Phone No: _____ Applicant Email: _____

**** PLEASE NOTE: IF SIGNIFICANT CHANGES HAVE BEEN MADE TO PLANS AFTER THE DEADLINE, OR ALL ITEMS NOT SUBMITTED BY THE DEADLINE, THE PROJECT WILL BE REMOVED FROM THE ORIGINAL MEETING DATE AND PLACED ON THE FOLLOWING MEETING DATE FOR INCOMPLETE SUBMISSION.**

For Office Use

CASE NUMBER: SITE _____

Submission Date: _____

Date of Site Plan Review Meeting: _____

Site Review Action: _____ Approved _____ Disapproved

Recommendation/ Requirements:

Planning Commission Date: _____

Planning Commission Action: _____ Approved _____ Disapproved

