

DEVELOPMENT PLAN APPLICATION

NEW HAVEN PLAN COMMISSION
815 LINCOLN HIGHWAY EAST, NEW HAVEN, IN 46774
PH : (260)748-7040 FAX : (260) 748-7075

| | | | |
|---|-------------------|--------------------------------|-------------------|
| Please circle one of the following. Checks should be made payable to the City of New Haven. | | | |
| Primary (\$600) | Secondary (\$600) | Primary and Secondary (\$1200) | Amendment (\$600) |

CONTACT INFORMATION

| | |
|----------------------------------|--------------|
| Applicant _____ | Phone _____ |
| Address _____ | Fax _____ |
| City _____ State _____ ZIP _____ | E-mail _____ |
| | |
| Engineer /Surveyor _____ | Phone _____ |
| Address _____ | Fax _____ |
| City _____ State _____ ZIP _____ | E-mail _____ |
| Indiana Registration No. _____ | |
| | |
| Name of Agent _____ | Phone _____ |

PROJECT INFORMATION

| | |
|--|---|
| Development Name _____ | Date Filed _____ |
| Project type (Please Circle) | |
| Subdivision | Apartment |
| Shopping Center | Commercial |
| Condominium Project | Duplex |
| Other _____ | Industrial |
| Intended Date of Development _____ | No. of Lots / Units / or Square Footage _____ |
| Project Address / Location _____ | |
| Township Name _____ | Section _____ Quarter Section _____ |
| Zoning District _____ <small>(RS-2, RSP-2, C-2A, Etc.)</small> | _____ <small>(Multi-Family Neighborhood, Shopping Center, Etc.)</small> |
| Type of Sanitary Disposal _____ <small>(City, Diversified, Individual With Description, Etc.)</small> | |
| Type of Fresh Water Supply _____ <small>(City, Diversified, Individual Private Wells, Etc.)</small> | |
| Street Width _____ | Street Type _____ <small>(Private or County Approved and Maintained)</small> |

SUBMISSION REQUIREMENTS

- | | |
|---|--|
| _____ Plan Original or Mylar | _____ 2 Copies of Restrictions Plus Original (When applicable) |
| _____ 16 Prints of Plan (folded) | _____ 2 Copies of Traverse Closure (With Final Submission) |
| _____ 15 Copies of Legal Description | _____ 2 Copies of Engineering Plans (With Final Submission) |

The undersigned, being the owners of record, certifies that the above information is true and correct to the best of his knowledge. He further agrees that he is informed concerning the provisions of the Zoning Ordinance of New Haven, Indiana, as it affects the requirements for the approval of development plans by the City Plan Commission. He further agrees that he has carefully read all information contained herein and understands that this information will be the sole subject of newspaper notice. Applicant states that all the following items are attached to this application at time of submission:

| | | |
|----------------------------------|-------------------------------|--------|
| _____ | _____ | _____ |
| (Printed name of applicant) | (Signature of applicant) | (Date) |
| _____ | _____ | _____ |
| (Printed name of property owner) | (Signature of property owner) | (Date) |

| | | | | |
|-------------------|--------------------------------|--------------------------------|---------------------|---------------------|
| OFFICE USE | RECEIVED | RECEIPT NO. | HEARING DATE | PETITION NO. |
| | _____ <small>(Name)</small> | _____ <small>(Date)</small> | | |