

FCP Plan Preparer (Qualifications of preparer must be included if individual has not been previously certified.)

Would you like to receive ePlans notifications? * Yes No

| | | | |
|--------------------------------|-------------|--------------------------------|--|
| _____ <i>Company Name</i> | | _____ <i>Contact Person</i> | |
| _____ <i>Street Address</i> | | | |
| _____ <i>City</i> | | _____ <i>State</i> | _____ <i>Zip Code</i> |
| <i>Telephone Number</i> | <i>ext.</i> | <i>Fax Number</i> | <i>E-mail</i> *required if checked yes |

Supplemental Information:

Previous Plan Submittals: (enter information, if applicable)

| Type | Case No(s). |
|-------------------------------|-------------|
| Zoning Case | |
| Development Plan/Schematic DP | |
| Special Exception | |
| Variance | |
| NRI/FSD (if applicable) | |
| SWM Concept (if applicable) | |
| Pre-Application | |
| Sketch Plan | |
| Project Plan | |
| Preliminary Plan | |
| Site Plan | |

If this is an amendment, is it in response to a forest conservation citation or notice of violation? Yes No
 Is a Tree Variance being submitted? Yes No

Applicant's Signature

Applicant hereby notifies that he/she is the sole owner of the subject property, is otherwise legally authorized to represent the owner(s) (written verification provided), or is a contract purchaser authorized to submit this application by the property owner (written verification provided).

Signature of Applicant (Owner, Owner's Representative, or Contract Purchaser) *written verification needed if not the owner*

Signature _____
Date

Name (Type or Print)