

**CITY OF ALLIANCE**  
**Application for Planning Commission Review**

**Submission Date:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

**Type of Submittal** (Check all that apply): \_\_\_\_\_ Site Plan; \_\_\_\_\_ Replat; \_\_\_\_\_ Alley/Vacation; \_\_\_\_\_ Variance(s);  
\_\_\_\_\_ Preliminary Plat; \_\_\_\_\_ Final Plat; \_\_\_\_\_ Zoning Change; \_\_\_\_\_ Conditional Use; \_\_\_\_\_ Other (explain)

**Project Name:** \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_ Lot/ Parcel No.: \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Professional contact Name** (*Engineer, Surveyor, Architect, etc.*): \_\_\_\_\_

Professional Contact's Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

*(The person the City should contact regarding the project.)*

Address (if different than above): \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Planning Commission meets every 3<sup>rd</sup> Wednesday of each month. Submission deadline is the 20<sup>th</sup> of the month prior to the regularly scheduled meeting. Late applications will be scheduled for the next available meeting. All information listed on the application and applicable checklist must be submitted for the application to be complete. Incomplete applications will not be processed. All applicable requirements will be strictly enforced. An authorized representative must attend the Planning Commission for the project to be considered.**

*I do hereby attest that all statements, signatures, descriptions, and exhibits submitted with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of the property owner.*

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Signature of the Property Owner, if not the applicant