

Planned Development Intent Form

Date:		Request Number (to be filled by Staff): –			
Name of Proposed Developn	nent:				
Name of Property Owner:					
Address:					
Phone number:					
Signature of Property Owner	:				
Name of Applicant (if other th Address:					
Phone number:					
Signature of Applicant:					
Property Location:					
Existing Zoning Classification			ו:		
# of Acres:		_ Tax Map Num	ber(s):		
Proposed Number of Units (a	approx.): Residential	units	Commercial	units (sq.ft.)
Existing Buildings and Uses:					
Surrounding Uses: North _					
Amenities to be provided:					
Open Space Dedication (not	required):				
Expected Completion of Eac					
Describe the character of the	e development (or attach d	escription if more	e space is neede	ed):	
		FICE USE ONLY			
				Receipt number:	
Date Advertised:					
TOWN STAFF RECOMMEN				DENIED:	
PLANNING COMMISSION R					
COUNCIL DECISION (Date	of 2 nd Reading): APF	PROVED:		DENIED:	
Comments:					