HENDERSON COUNTY MAJOR SITE PLAN REVIEW APPLICATION

CONTACT INFORMATION Property Owner:			
Name:			Phone:
Applicant:			
Name:			Phone:
Agent:			
Name:			Phone:
Agent Form (Circle One): Y	es No		
Plan Preparer:			
Name:			Phone:
PARCEL INFORMATION PIN: Zoning District: Supplemental Requirement# Permitted by Right Special Use Permit		Tract Size (Acres): Fire District: Watershed: Floodplain:	
Location / Property to be developed:			
***********		**************************************	**********
Fee: \$ Paid:		Method:	Received by:

Driveway Date of	N.C. DEPARTMENT OF TRANSPORTATION				
Permit No. Application		STREET AND DRIVEWAY ACCESS			
County:		PERMIT APPLICATION			
Development Name:					
	CATION OF PROP	ERTY:			
Route/Road:					
Exact Distance	N S E W □ □ □ □				
From the Intersection of Route No.	and Route No.	Toward			
		icational Facilities TND Emergency Services Other			
Froperty.		City Zoning Area.			
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SIGNATURES OF APPLICANT						
COMPANY SIGNATURE ADDRESS	PROPERTY OWNER (APPLICANT) X X X Phone NoX	SIGNATURE ADDRESS	X X X			
COMPANY SIGNATURE ADDRESS	Phone No.	NAME SIGNATURE ADDRESS	WITNESS			
APPROVALS						
APPLICATION	RECEIVED BY DISTRICT ENGINEER					
	SIGNATURE		DATE			
APPLICATION APPROVED BY LOCAL GOVERNMENTAL AUTHORITY (when required)						
	SIGNATURE	TITLE	DATE			
APPLICATION APPROVED BY DISTRICT ENGINEER						
	SIGNATURE		DATE			
INSPECTION B	Y NCDOT					
	SIGNATURE	TITLE	DATE			
COMMENTS:						