

CITY OF FLUSHING

APPLICATION FOR SITE PLAN APPROVAL

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(1.) Address where site plan approval is requested \_\_\_\_\_

Being legally described as \_\_\_\_\_

Property is zoned: \_\_\_\_\_

Size of Parcel: \_\_\_\_\_

55- \_\_\_\_\_

(Parcel No.)

(2.) Name and address of every other person, firm or corporation having a legal or equitable interest in the property.

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

(3.) This application is for site plan approval for the following described project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Initial submittal requires 6 copies of a fully dimensioned map at a scale of not less than 1" equals 20' for over 5 acres. Under 5 acres, use a scale of 1" equals 100'. Identify the land which would be affected by this site and all abutting land and all public and private rights-of-way, and easements bounding and intersecting the land under consideration. Additional forms and information will be requested prior to setting date for Planning Commission meeting.

(5) I (we) recognize that review costs will be charged in accordance with City Ordinance No. 153.

\_\_\_\_\_  
(Applicant)

**TO BE COMPLETED BY CITY**

Date received: \_\_\_\_\_ Tentative Date of Planning Commission Meeting: \_\_\_\_\_

Receipt number: \_\_\_\_\_ Tentative Date of City Council Meeting: \_\_\_\_\_

*Note: Meeting dates are subject to change.*