PLANNING COMMISSION
SUBMITTAL APPLICATION

_____ City of Madison
_____ Madison County

Project Name: _____

Address: _____

Request:

Preliminary Plat _____

Site Plan _____

Other _____

Owner

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Contact Person

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Submittal Fee	**Amount Due**	**Paid**
Preliminary Plat	_____	_____
Site Plan	_____	_____
Other	_____	_____

If not the owner of the above noted project, I certify that I am acting at the request and complete knowledge of the owner. Furthermore, I am aware that the city of Madison will provide a Planning Commission. However, I understand that in applying for approval, it is ultimately the applicant's responsibility to be aware of and meet or exceed all requirements of the Madison Zoning Ordinance and Subdivision regulations and any other ordinances or requirements pertinent to this project unless specifically granted a variance or waiver by the Board of Aldermen.

_____ _____

Signature **Date**