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 Preliminary Plat Site Plan Other	Amount Due	<u>Paid</u>
If not the owner of the above noted project knowledge of the owner. Furthermore, Planning Commission. However, I unders applicant's responsibility to be aware of Zoning Ordinance and Subdivision regupertinent to this project unless specificated Aldermen.	I am aware that the city stand that in applying for a and meet or exceed all replations and any other of	of Madison will provide a approval, it is ultimately the equirements of the Madison ordinances or requirements
Signature		