TOWN OF DEKORRA PLAN COMMISSION

Consultation/Appearance Worksheet

(there is no Fee for a Consultation, however if you choose to use "Professional" services, those fees will be charged to you).

Person(s) requesting appearance: _____
Mailing Address: _____
Town of Dekorra address: _____
Telephone Numbers: _____Email_____

Agent's Name: _____
Address: _____
Telephone: _____Email_____

Are you the Legal Owner of the Property involved? _____Yes _____ No
If no, do you have a signed offer to purchase? _____Yes _____ No (copy to be included with other documentation)

Parcel Number(s):_____
Acres: _____ Current Zoning: _____
Location of Parcel(s):
Section: _____ Town: _____ Range: _____
Address of Parcel(s):_____

Reason for Consultation or Appearance: ____Rezone ____Variance ___CSM review
____Subdivision review ____Conditional Use ____Other

Specifics of reason (include requested zoning, what variance(s) is/are needed, reason(s) for CSM): _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Any documentation you wish to be reviewed/considered (CSM's, site plans, building plans, landscape plans, erosion plans, etc.) is due in the Clerk's Office 14 days prior to the 4th Thursday of the month. ***Please provide 14 copies of all documentation.***

Office Use Only

Date request received: _____
Date documentation received: _____
Date scheduled to appear: _____