

TOWN OF ADDISON
Plan Commission Submittal Application

Project Type: Land Division Site Plan CSM Review Other

Review Type: Conceptual Preliminary Discussion

Submittal Date: _____

Applicant Name: _____ Phone No. _____

Email: _____ Cell No. _____

Mailing Address: _____

City: _____ State: _____ Zipcode: _____

Property Address: _____

City: _____ State: _____ Zipcode: _____

Tax Key T1- _____ Parcel size: _____

Zoning Classification: _____ Sec. _____

Please provide a brief description of the request:

Fee's Paid
Date: _____
Amount: _____
Check No: _____