

**TYRONE TOWNSHIP
PLANNING COMMISSION REVIEW APPLICATION**

Property Address / Location	Parcel ID/Zoning District 4704-
Property Owner(s)	Telephone
Street Address	Cell Phone
City State and Zip Code	FAX or E-Mail
Authorized Agent	Telephone
Street Address	Cell Phone
City State and Zip Code	

Type of Review:

- | | | |
|---|---|--|
| <input type="checkbox"/> Boundary Realignment | <input type="checkbox"/> Open Space Relocation | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Concept Review | <input type="checkbox"/> Private Road/Shared Drive | <input type="checkbox"/> Site Visit |
| <input type="checkbox"/> Conditional Zoning | <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Special Land Use |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Public Hearing | <input type="checkbox"/> Special Meeting |
| <input type="checkbox"/> Land Division | <input type="checkbox"/> Rezoning | <input type="checkbox"/> Subcommittee Meeting |
| <input type="checkbox"/> Open Space Preservation | <input type="checkbox"/> Site Condominium | <input type="checkbox"/> Subdivision Plat |
| <input type="checkbox"/> Other | | |

Project Description:

Planning Commission applications should be filed with the Planning Commission Recording Secretary at least 14 days (21 days for land divisions/realignments) prior to review. Applications will not be scheduled for review until all information has been received. This Signature constitutes the applicant's acknowledgement of the application requirements and permission for site inspection by Tyrone Township representatives.

Signature of Owner(s) or Authorized Agent

Date	Tax Status	Fees: 101-000000-607-006	Escrow: 701-000000-283- ____
Received By:			