

SITE PLAN PROCESSING FORM
FOR
MULTIPLE FAMILY

	Site Plan No.
DO NOT COMPLETE – OFFICE USE ONLY	
Date Filed	
Fee Paid	
Received By (signature)	
Date Filed with Zoning Administrator	

ACTION OF PLANNING COMMISSION	
DATE	
SIGNATURE OF CHAIRPERSON	
A. APPROVAL	
B. DISAPPROVAL	
C. CONDITIONAL APPROVAL	
The following conditions must be met for approval:	
REVISED SITE PLAN SUBMITTED TO ZONING ADMINISTRATOR (after conditional approval of the Planning Commission)	
	Date:
Revised Site Plan Approved	Date:
Signature of Zoning Administrator:	