



Town of Hilliard Development Investigation Application

FOR OFFICE USE ONLY	
File #	_____
Application Fee	_____
Filing Date:	_____ By: _____
Acceptance Date:	_____ By: _____

A. PROJECT

1. Address of Subject Property: _____
2. Parcel ID Number(s): _____
3. Acreage of Project: _____

B. APPLICANT

1. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (____) _____ FAX: (____) _____ e-mail: _____

C. ATTACHMENTS, if available (One copy, no larger than 8 ½ x 11)

1. Site Plan of proposed development
2. Survey of proposed development
3. Design of the proposed of development
4. Vicinity map - indicating general location of the site and all abutting streets and properties (*Required)
5. Statement of proposed development

D. APPLICATION FEE

1. \$100 plus \$20 per acre

_____ **FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE (REVIEWS ARE COMPLETED WITHIN 14 DAYS)** _____

Zoning _____ Reviewed By: _____

Water Service Available _____ Location of Service _____

Improvements Required for Water Service _____ Reviewed By: _____

Sewer Service Available _____ Location of Service _____

Improvements Required for Sewer Service _____ Reviewed By: _____

Access onto Public Right of Way or Approved Private Road _____ Paved Road _____ Unpaved Road _____

Improvements Required for Access _____ Reviewed By: _____

Temporary Culvert needed during construction? Y _____ N _____. Location? _____.