



Town of Hilliard Concurrency Application

FOR OFFICE USE ONLY

File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

A. PROJECT

1. Project Name: _____
2. Address of Subject Property: _____
3. Parcel ID Number(s) _____
4. Existing Use of Property: _____
5. Future Land Use Map Designation: _____
6. Existing Zoning Designation: _____
7. Acreage: _____

B. APPLICANT

1. Applicant's Status Owner (title holder) Agent
2. Name of Applicant(s) or Contact Person(s): _____ Title: _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (____) _____ FAX: (____) _____ e-mail: _____
3. If the applicant is agent for the property owner*:
 Name of Owner (title holder): _____
 Company (if applicable): _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Telephone: (____) _____ FAX: (____) _____ e-mail: _____

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. PROJECT DESCRIPTION

Water and Sewer Service Provider _____ Electric Service Provider _____

- 1. Residential- Dwelling Units _____
- 2. Non- Residential - S.F. of Building _____ Number of ERU's (Equivalent Residential Units) _____

D. ATTACHMENTS

- 1. Copy of Warranty Deed or other proof of ownership
- 2. Legal description
- 3. Survey
- 4. Site Plan
- 5. Agent Authorization, if applicant is not owner

E. FEE.

- 1. \$300.

All attachments are required for a complete application. A completeness review of the application will be conducted within fourteen (14) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

Date

Date

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20____, by _____

_____, who is/are personally known to me, or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____