



SITE PLAN REVIEW APPLICATION

Date of Application:

Name of Applicant: _____

Contact Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Project Name: _____

Present Land Use: _____

Legal Description: _____

Address/Location: _____

Present Zoning District: _____ Proposed Zoning District: _____

I understand by placing my signature below that this is an application for Site Plan Review only. I further understand that this application does not represent an application for a building permit and that approval of plans submitted for site plan review does not represent approval of building permit. The site plan must be prepared in accordance with the standards found in the City of Edinburg's Unified Development Code.

Applicant's Signature: _____ Date: _____



DEPARTMENT USE ONLY

Deadline: _____
Site Plan Review Meeting Date: _____
Planning and Zoning Commission Meeting Date: _____
City Council Meeting Date: _____

Fee: \$250.00