

**CITY OF STANDISH
SITE PLAN APPLICATION
(RETURN TO CITY OFFICE)**

1.	PROJECT NAME	_____
2.	LOCATION OF PROPERTY	
	ADDRESS	_____
	PARCEL ID #	_____
	CROSS STREETS	_____
3.	IDENTIFICATION	
	APPLICANT	_____
	ADDRESS	_____
	CITY/STATE/ZIP	_____
	PHONE	_____ FAX _____
	INTEREST IN THE PROPERTY	
	<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> OTHER _____
	PROPERTY OWNER	_____
	ADDRESS	_____
	CITY/STATE/ZIP	_____
	PHONE	_____ FAX _____
	PREPARER OF PLAN	_____
	ADDRESS	_____
	CITY/STATE/ZIP	_____
	PHONE	_____ FAX _____

4. PROPERTY INFORMATION	
ZONING DISTRICT _____	CURRENT USE _____
AREA _____	WIDTH _____
PROPOSED USE:	
<input type="checkbox"/> RESIDENTIAL	NUMBER OF UNITS _____
<input type="checkbox"/> OFFICE	GROSS FLOOR AREA _____
<input type="checkbox"/> BUSINESS	GROSS FLOOR AREA _____
<input type="checkbox"/> INDUSTRIAL	GROSS FLOOR AREA _____
<input type="checkbox"/> COMMUNITY SERVICE	GROSS FLOOR AREA _____
<input type="checkbox"/> OTHER _____	GROSS FLOOR AREA _____

I, _____ (applicant), do hereby swear that the above statements are true.

Signature of Applicant Date

I, _____ (property owner), hereby give permission for City of Standish officials, staff, and consultants to go on the property for which the above referenced site plan is proposed for purposes of verifying information provided on the submitted application.

Signature of Owner Date