

Planning & Zoning Department

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: _____
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DEPARTMENT USE ONLY

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

Fee: \$250.00

Site Plan Review Evaluation

Planning & Zoning Department	388-8202
Contact Name:	
Comments:	
Planning & Zoning Department	388-8202
Contact Name:	
Comments:	
Code Enforcement Department	388-1833
Contact Name:	
Comments:	
Engineering Department	388-8951
Contact Name:	
Comments:	
Fire Department	383-7691
Contact Name:	
Comments:	
Solid Waste Department	381-5635
Contact Name:	
Comments:	
Public Works Department	388-8939
Contact Name:	
Comments:	