

Owner

Town of Green Mountain Falls General Land Use Development Application

Type of Application ☐ Minor Subdivision ☐ Minor Site Plan Rezoning Major Site Plan Major Subdivision ☐ Temporary Use Permit ☐ Variance Other _____ Conditional Use Permit 1. Applicant Information a. Applicant Name _____ b. Project Coordinator Property Owner c. Mailing Address _____ d. E-mail Address e. Phone Numbers: Home Mobile 2. Property Owner Information (if different from above) a. Name _____ Project Contact? Yes \square No \square b. Mailing Address _____ c. E-mail Address ___ d. Phone Numbers: Home Mobile 3. Site Information Site Address _____ b. Property Zoning ____ Lot Size ____ Acres Square Feet 4. Project Information c. Project Type d. Brief Description 5. Certification: I understand the procedures that apply to my request and acknowledge an incomplete application will not be processed or reviewed by planning staff until it is complete. Submittal of fees and materials does not constitute completeness. I agree to reimburse the city for technical and professional consulting expenses that may be incurred during the review of my request and have read the general procedure in each application checklist. Failure to reimburse the city for invoiced expenses constitutes an incomplete application. I understand and acknowledge the use or action for which approval is requested is not allowed until the permit is granted. Date _____ Applicant _____ Owner Date

Date _____

2. GMF Land Use Code

The following are the code sections by application type. The GMF LU Code and Municipal Code can be found on the Town Website or viewed at Town Hall.

Type of Application	Applicable Code Sections
Minor Site Plan	5:3 (c)
Major Site Plan	5:3 (d)
Conditional Use	5:3 (e)
Temporary Use	5:3 (f)
Minor Subdivision	5:4 (b)
Major Subdivision	5:4 (c)
Rezoning	5:5
Variance	5:7 (a)
Appeal	5:7 (c)

GMF Clerk's Office		
	Application received:	
	GMF staff initials	
	Date/	
	Fee Received (per current fee schedule):	
	Permit type(s)	
	Amount	
	Date	
	Application deemed complete (see appropriate checklist):	
	GMF staff initials	
	Date/	
	Application is incomplete:	
	Returned/	
	Administrative Review:	
	☐ Approved (memo attached)/	
	□ Not approved (memo attached)/	
	Planning Commission	
	Meeting date scheduled (tentative)/	
	Board of Trustees	
	a. Meeting date scheduled (tentative)/	
	Report approving/denying application sent/	
	Additional Information (further details to be included in file with application)	

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