

## **Façade Modification**

Revised 12.4.2023

Members of the MPC's Land Development department are available to outline the development review process, verify submittal requirements and identify UDC requirements specific to all development requests.

1. PROPERTY INFORMATION				
Project Name:	Associated Case (if applicable):			
Project Address/Location:	Parcel number(s):			
Current Zoning District(s):	Specialty Purpose Overlay District(s):			
2. PARCEL DESCRIPTION				
(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)				
3. GENERAL LOCATION OF PROPERTY				
(street address and/or frontage, and distance to cross street)				
4. SITE AND BUILDING INFORMATION				
Total Site Acres:	Proposed Building Use(s):			
Existing Building(s) sq. ft. gross:	Number of Stories:			
5. SCOPE OF WORK				
(Brief description of the scope of work. Attach additional sheets as necessary	.)			

## **Façade Modification**

Revised 12.4.2023



## 6. CONTACT INFORMATION

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. All contact for this project will be made through the applicant listed below.

NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: ALL property owners must sign. All property owners must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.

writterr authorization. If it business frame of cor	poration, not an percent	owning 0 % of more. Attach	Separate Sheet ii ne	ecessary.
Applicant Contact Information				☐ Check if Primary Contact
Name:		Company (if applicable):		
E-mail:	Phone:		_Fax:	
Mailing Address (street, city, state, zip):				
Architect Contact Information				☐ Check if Primary Contact
Name:		Company (if applicable):		
E-mail:	Phone:		_Fax:	
Mailing Address (street, city, state, zip):				
Engineer Contact Information				☐ Check if Primary Contact
Name:		Company (if applicable):		
E-mail:	Phone:		_Fax:	
Mailing Address (street, city, state, zip):				
Current Property Owner Contact Infor	mation			☐ Check if Primary Contact
Name:		Company (if applicable):		
E-mail:	Phone:		_Fax:	
Mailing Address (street, city, state, zip):				
Designee Contact Name:	E-mail Address:		Phone:	
Property Owner, check one of the follo	owing:			
$\hfill \square$ I will represent the application myself; OR $\hfill \square$ I h capacity as my agent for submittal, processing, refor responding to all requests for information and fill	epresentation, and/or prese	entation of this request. The d	esignated agent shal	
Acknowledgment: I hereby certify that I am the owner of the property is true and correct.	and further certify that the	information regarding propert	y ownership providec	d on this development application
Property Owner Signature:	Date:	Applicant Signature:_		Date: