



# MASTER APPLICATION

<b>PROPERTY OWNER</b>	OWNER NAME:	
	MAILING ADDRESS:	
	PHONE:	EMAIL:
<p><b>I consent to this application and allow DSD staff / Commissioners to enter the property for site inspections. If the owner(s) is a business entity, please include business documents, including those that indicate the person(s) who are eligible to sign.</b></p> <p>Signature: _____ Date: _____</p>		

<b>APPLICANT: IF DIFFERING FROM THE PROPERTY OWNER</b>	OWNER NAME:	
	COMPANY NAME:	
	MAILING ADDRESS:	
	PHONE:	EMAIL:

<b>SITE INFO</b>	STREET ADDRESS:	
	PARCEL NUMBER:	
	PARCEL SIZE:	
	# OF PARCELS:	
	FLOOD ZONE (YES/NO)	ZONING DISTRICT:

**FOR DSD STAFF COMPLETION ONLY:**

CASE NUMBER	DATE RECEIVED:
RECEIVED BY:	APPLICATION FEE:                      CK MO CC CASH

CASE NUMBER	DATE RECEIVED
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