



DIRECTOR REVIEW PLAN SUBMITTAL APPLICATION

Project Name: _____ Case Number: _____

Contact Name: _____ Phone Number: _____

Contact Email Address: _____ Date: _____

Zoning/Special Use/Variance/Waiver Case Number(s): _____

Condition Number(s) for Review: _____

Submittal Items To Be Uploaded To Accela: (only complete applications will be accepted):

- Plan(s) for review (only relevant sheets)
- Rezoning /special use permit/variance/waiver resolution
- Completed Application

Indicate Below The Authorization (s) Requested:

- Landscape Plan Approval
- Monument Sign Approval
- Fence Detail Approval
- Buffer Plan Approval
- Tree Preservation / Tree Replacement Plan Approval for a redeveloped site (UDO Section 630-90)
- Other: _____

Department Authorization Use Only

- Approved
- Approved with Conditions: _____

- Denied: _____

Director Signature / Designee

Date