



Planning and Zoning Application Form

Application Request(s)

Check all that apply.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Concept Site Plan | <input type="checkbox"/> Map Amendment | <input type="checkbox"/> PUD-Special Use Permit |
| <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Final Site Plan | <input type="checkbox"/> Text Amendment | |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Variance | <input type="checkbox"/> Conditional Use Permit | |

The undersigned applicant(s) request(s) the corporate authorities of the City of Wilmington to approve the following application for the above checked item(s) in the City of Wilmington and in support of the said application, state(s) as follows:

Property and Request Information

Address of Request _____

Project Name _____

PIN _____

General Location _____

Property Size _____

Present Zoning _____

Previous Zoning _____

Present Land Use _____

Proposed Land Use _____

Reason for Request/Description of Request: _____

Building Permit Submitted? Yes No If yes, for what: _____

Complete the following Development information if applicable:

Development/Subdivision Name: _____

Type of Development: Residential Commercial Industrial Institutional

Number of Units/Lots (if applicable) _____

Buildings/Improvements on Property to Remain or be Removed? (describe): _____

Floodplain in areas present on the property? Yes No

Professional Fee Agreement Submitted? Yes No

Applicant Information

Applicant/Developer

Owner Contract Purchaser Lessee Agent For:

Primary Contact

Business Name

Address (City, State, Zip)

Email

Phone

Fax

Property Owner (if different than applicant)

Name

Email

Address (City, State, Zip)

Phone

Fax

**Project Team
Attorney**

Name

Business Name

Address (City, State, Zip)

Email

Phone

Fax

Engineer

Name

Business Name

Address (City, State, Zip)

Email

Phone

Fax

Project Team (Continued)
Planning/Landscape Architect Consultant

Name

Business Name

Address (City, State, Zip)

Email

Phone

Fax

Submitted Materials Required

- Legal Description of Property (Hard Copy)
- Legal Description of Property (Emailed Copy)
- Disclosure of Beneficiaries Form - completed
- Non- Refundable Fees (all that apply)
 - Annexation: \$ _____
 - Preliminary Plat: \$ _____
 - Final Plat: \$ _____
 - Concept Site Plan: \$ _____
 - Final Site Plan: \$ _____
 - Variance: \$ _____
 - Map Amendment: \$ _____
 - Text Amendment: \$ _____
 - Conditional Use Permit: \$ _____
 - PUD-Special Use Permit: \$ _____

Amendment request(s) fees are the same as listed above.

- Variance, Special Use Permit and/or PUD Supplement(s)
- Plat of Survey, to scale and current
- For Variation(s): Marked up Plat of Survey illustrating variation(s)
- Any specific information which may help in the review and approval process

Applicable for new development only:

- Four (4) full-size, folded, collated copies of all applicable plans including but not limited to the following:
 - Site Plan with Complete Site Data, Preliminary/Final Plats, Architectural Elevations (Color and Black-Line)
 - Signs, Photometric Plan with Lighting Specifications, Tree Survey, Landscape Plan
- One (1) copy of the proposed covenants and restrictions
- A detailed description of business, proposed hours of operation, number of employees

Applicant Signatures

The undersigned below hereby certifies that he/she is the owner of the described property and has authorized an agent, which both agree to abide by all ordinances, regulations, and codes of the City of Wilmington as are in full force and effect on the date of the consideration of this application by the Corporate Authorities. The owner or applicant(s) also agree(s) to pay any and all fees, costs, and expenses of the City of Wilmington, including professional fees that are necessary and required to act on this application.

Project Name

Owner's Name

Applicant's Name, if different than owner

Owner's Signature

Applicant's Signature

Address (City, State, Zip)

Date

Staff Use Only

Applicable Code Sections

Comprehensive Plan

Zoning of Adjacent Properties: North _____ South _____ East _____ West _____

Date Professional Fee Agreement was signed

Applicant's Name, if different than owner

Submittal Date

Received By

Address (City, State, Zip)

Payment Amount

Payment Type

Payment Date



DISCLOSURE OF BENEFICIARIES

1. PETITIONER:

Name

Business Name

Address (City, State, Zip)

Email

Phone

2. NATURE OF BENEFIT SOUGHT: _____

3. NATURE OF APPLICANT

- Natural Person Corporation Land Trust/ Trustee Trust/Trustee
- Partnership Joint Venture Limited Liability Company

4. If the applicant is an entity other than described in Section 3, please state the nature and characteristics of the applicant: _____

5. If your answer to Section 3 is anything other than (a) please identify every owner and beneficiary having any interest, real or personal, in such property, and every member, shareholder, limited partner, or general partner entitled to receive more than 7.5% of the total distributable income of any limited liability company, corporation, or limited partnership having interest in the property. However, if the interest, stock, or shares in a limited liability company, corporation, or general partnership is publicly traded and there is no readily known individual having greater than 7.5% interest, then a statement to such effect should be attached hereto.

| <u>NAME</u> | <u>ADDRESS</u> | <u>INTEREST</u> |
|--------------------|-----------------------|------------------------|
|--------------------|-----------------------|------------------------|

a. _____

b. _____

c. _____

d. _____

NOTE: If your answer to Section 5 identifies an entity other than a natural person, then the same disclosure must be made for each entity.

6. PERSON MAKING THE DISCLOSURE ON BEHALF OF THE PETITIONER:

Name

Capacity

Address (City, State, Zip)

Email

Phone

VERIFICATION

I, _____, being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the petitioner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained herein are true in both substance and fact. I, _____, being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the petitioner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure.

BY: _____
Signature

Printed Name

Signed and sworn to before me this
____ day of _____, 20____.

NOTARY PUBLIC

(Seal)