



VESTING REQUEST APPLICATION

DATE: _____ FILE NO. _____

SUBDIVISION NAME: _____

1. Property Legal description (Tract, Block, Grant, etc.)

2. Description of the grounds for submittal of the vesting application (Attach request letter and other relevant documents).

3. Application which is the basis for the contention that the project or permit is vested:

(Name/Permit #) (Submittal/Approval Date)

4. Vesting date (Based on No. 3): _____

5. Subsequent applications submitted or permits issued towards completion of the project: (Attach additional page(s) if necessary)

(Name/Permit #) (Submittal/Approval Date)

(Name/Permit #) (Submittal/Approval Date)

(Name/Permit #) (Submittal/Approval Date)

(Name/Permit #) (Submittal/Approval Date)

6. Will the proposed subdivision require review of any current standards? Yes No

If yes, please identify: (Attach additional page(s) if necessary)

7. Owner of record _____
(Name & Address) (Zip) (Phone)

8. Representative _____
(Name & Address) (Zip) (Phone and email)

9. PROPERTY OWNER SIGNATURE: _____

10. REPRESENTATIVE SIGNATURE: _____

NOTE:

SUBMITTAL OF AN APPLICATION DOES NOT CONSTITUTE ACCEPTANCE FOR PROCESSING UNTIL THE PLANNING DEPARTMENT REVIEWS THE APPLICATION FOR ACCURACY AND COMPLETENESS.