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## CONSISTENCY DETERMINATION APPLICATION

APPLICANT CONTACT INFORMATI	ON	
Name of Owner:		
Address: City: S	tate: ZIF	P:
Telephone: Cell:		
E-Mail Address:		
Name of Agent (if different than owner):		
Address: City: Sta	ate:ZIP:	
Telephone: Cell:		
E-Mail Address:		
PROPERTY INFORMATION		
Legal description of the property:		
Address: City:	State:ZIP:	
Proposed Activity:		
☐ Size in Acres:		
☐ Zoning:		
☐ Surrounding Land Use Pattern:		
☐ Future Land Use Map Designation(s)		
ELECTRONIC SUBMITTAL REQUIREMENT (	CHECKLIST	
REQUIREMENTS FOR REVIEW:	ELECTRONIC DOCUMENTS	REQUIRED
Completed Application (download current form from the County website)	1	×
Completed Addressing Checklist	1	×
Deed or Proof of Ownership	1	×
An aerial photograph with the property clearly delineated and the proposed areas for site improvement (with site and CCLS/CCL delineated on map)	1	⊠
Affidavit of Authorization (if an agent is being used)	1	×
Site Plan depicting the following:  General location of lot	1	<b>S</b> 2
<ul> <li>All lot dimensions including setbacks</li> </ul>	ı	

Official Zoning Map (with site delineated on map)



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## Consistency Determination Application: \$250.00

The application must be reviewed by staff for sufficiency within 30 calendar days following the filing deadline before it will be processed. The applicant will be notified in writing, of the submittal sufficiency determination. If insufficient, the applicant will have 30 days to remedy the deficiencies. If you have any questions, please contact the assigned Planner per the official Processing letter provided to you with copy of the fee receipt.

Planner per the official Processing letter provide	d to you with copy of the fee receipt.
	LINKS
Online Payment Guide can be located: <u>Here</u>	
Completed application may be submitted online	GMD Public Portal
If unfamiliar to applying on portal or have question	ns, please look over our <u>E-PermittingGuide</u>
Signature of Property Owner or Agent	Date
Printed name of Property Owner or Agent	