

**PROJECT NAME CHANGE (PNC)**

**APPLICANT INFORMATION**

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**REQUEST DETAIL**

Current Project Name \_\_\_\_\_

Proposed Project Name \_\_\_\_\_

Section/Township/Range \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Subdivision Name \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Total Number of property owners affected \_\_\_\_\_

**SUBMITTAL REQUIREMENTS**

At time of submittal, the checklist is to be completed and submitted with the application packet. Please provide the submittal items in the exact order listed below, with cover sheets attached to each section.

**Incomplete submittals will not be accepted.**

Requirements for Review	# of Copies	Required	Not Required
Completed Application (download current form from County website)	1	X	<input type="checkbox"/>
Completed Addressing Checklist	1	X	<input type="checkbox"/>
Cover Letter describing in detail the proposed changes	1	X	<input type="checkbox"/>
Site Plan, 24 in. x 36 in., addressing all required information, including showing affects by the change "clouded" clearly delineating the area and scope of work to be done	2	X	<input type="checkbox"/>

**FEE REQUIREMENTS**

- Application Fee = \$100.00 Plus \$50 per additional hour or partial hour of research required to approve application, not to exceed \$500.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please submit the completed application online via the [GMD Public Portal](#).

If you need assistance submitting your application online, please review the [E-Permitting Guide](#).