□ PLAN COMMISSION	CASE#
□ PLAT COMMITTEE	FILING DATE
□ BOARD OF ZONING APPEALS	FILING FEE \$
□ HEARING OFFICER	HEARING DATE(s)//
□ COMMON COUNCIL	1 1
□ STAFF LEVEL	HT ACCT#
	PLANNER:
ADDRESS OF PROPERTY	
Applicant's Name	
Address	
Owner's Name	
Address	
Counsel or Consultant	
Address	
STAFF USE ONLY – TO BE COMPLETED BY STAFF	
Plan Commission/Plat Committee	BZA/Hearing Officer
	☐ Appeal from Administrative Decision
☐ Site Plan Review ☐	☐ Conditional Use
□ Planned Unit Development (Preliminary Plan) □	□ Variance
☐ Planned Unit Development (Final Plan) ☐	☐ Use Variance
☐ Preliminary Plat Review	Common Council
•	☐ Right-of-Way Vacation
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Description of Request:	
This application must be accompanied by all required submittals and plan elements, as indicated for the requested approval. Submittal of plans for review by City of Bloomington Utilities is required at or prior to time of application. Present CBU verification of receipt of plans at time of filing. Applicants are required to meet with a planner to review their request prior to filing an application. No applications will be accepted without prior Staff consultation. Staff reserves the right to schedule hearing dates for petitions subject to complete submittals and previously filed cases. Notices to adjacent property owners should not be mailed until hearing dates have been confirmed.	
I (we) agree that the applicant will notify all adjacent property owners at the applicant's expense. I (we) further agree that the Planning and Transportation Department will cause a legal notice of this application to be published in a paper having general circulation in Bloomington at the applicant's expense. I (we) certify that all foregoing information is correct and that I (we) are the owners (legal agents for owners) of property subject to this application and authorize Staff to inspect the site as needed. If applicant is other than recorded owner, an affidavit designating authority to act on owner's behalf, must accompany this application.	
Applicant Signature: Date	:Staff Initial: