



DEPARTMENT OF PLANNING & ZONING
PLANNING | ZONING | LAND PRESERVATION | FOREST CONSERVATION | GIS

Site Plan Determination Form

Prior to filing a permit application for additions or revisions for multi-family or non-residential projects, this form shall be completed to determine the necessity of a commercial site plan submittal in compliance with Section 4.11 of the Washington County Zoning Ordinance.

PROPERTY OWNER INFORMATION

Name: _____
Address: _____
Phone No. Office: _____ Cell: _____ E-mail: _____

PROPERTY SUMMARY DATA

Property Address: _____ Property Tax ID No.: _____
Map: _____ Block: _____ Parcel: _____ Parcel Size/Acreage: _____
Zoning District: _____ Area of Disturbance: _____ sq. ft. (See attached sheet to estimate area of disturbance)
Is property currently occupied? Yes _____ No _____ If no, when was building/property vacated? _____

LAST APPROVED TENANT INFORMATION

Name of last approved tenant: _____
Previous use of property (circle all that apply): Retail Warehouse Industrial Office Restaurant Church
Residential Other – Describe: _____

Does previous tenant have an approved site plan? Yes _____ No _____

If YES, attach a copy of the most recent approved site plan. If NO, provide a "to scale" drawing (plot plan) of the property.

Provide a detailed history of the use of the building/property by last tenant: (attach a separate sheet if necessary)

Number of Existing Parking Spaces _____ Number of Employees _____
Daily Traffic (one-way trips, including employees) _____ Hours of Operation _____
Gross Floor Area of Building (s) _____ Number of Floors _____

PROPOSED TENANT INFORMATION

Name of proposed business: _____

Proposed Use of property by new tenant (circle all that apply): Retail Warehouse Industrial Office Church
Restaurant Residential Other – Describe: _____

Attach an "AS IS" floor plan of the tenant space and a floor plan of how the proposed tenant will occupy this space. Floor plans should include location of ingress/egress, windows, room designations such as restroom, office, warehouse, etc.

Provide details as to how the building/property will be used. Be specific in describing special processes, rooms, such as paint booths, hazardous materials, etc. (Attach a separate sheet, if necessary)

Number of employees _____
Hours of operation _____
Number of floors _____

Daily traffic (one-way trips, including employees) _____
Gross floor area of building(s) _____

DATE

SIGNATURE OF OWNER/APPLICANT

FOR PLANNING & ZONING DEPARTMENT USE ONLY

Based on the information provided on this form by the owner/applicant:

- Review and approval of site plan required
- Site plan not required
- Conditions:

COMMENTS:

Jill Baker, AICP, Director of Planning & Zoning

Date

Katie Rathvon, Zoning Coordinator

Date