Print Form

E-Mail

city of wyoming
planning/community development department
SITE PLAN APPROVAL APPLICATION

I. GENERAL INFORMATION

DATE REQUEST RECEIVED		SITE PLAN REVIEW DATE	
APPLICANT NAME & FIRM REPRESENTED			TELEPHONE NUMBER
STREET NO.	CITY	STATE	ZIP CODE
PROPERTY OWNERS			TELEPHONE NUMBER
STREET NO.	CITY	STATE	ZIP CODE
ADDRESS OR LOCATION OF PROPERTY			
EXISTING ZONING			

II. PROJECT INFORMATION

LEGAL DESCRIPTION OF PROPERTY		
TOTAL ACREAGE OF SITE	TOTAL ACREAGE TO BE DEVELOPED	IMPLEMENTATION DATE
DESCRIPTION OF EXISTING USE OF PROPERTY		
DESCRIPTION OF PROPOSED USE OF PROPERTY		
CURRENT NUMBER OF EMPLOYEES	PROPOSED INCREASE IN EMPLOYEE SIZE	
EXISTING PAVED PARKING ON SITE		
ADDITIONAL COMMENTS		

III. MINIMUM SUBMITTAL REQUIREMENTS

All site development plans are required to incorporate the following minimum information. The Planning/Community Development Department will not accept any request nor initiate review procedures until such time as these requirements are completely fulfilled.

- ☐ Title, name of designer, project location.
- ☐ Date drawn; subsequent revision dates.
- ☐ Scale of drawing; directional arrow.
- ☐ Property line dimensions, including all easements, existing and proposed r.o.w.
- ☐ Building setback lines from property lines.
- ☐ Location of ingress and egress, both existing and proposed.
- ☐ On-site traffic circulation, parking areas, including size of parking bays, aisles, and parking space striping.
- ☐ Location of loading spaces, truck docks, truck wells, service drives.
- ☐ Location and sizes of all existing public and private utilities to service the project.
- ☐ Detailed location and sizing of stormwater detention facilities, if required.
- ☐ Location of protective walls, fences, or greenbelts, existing or proposed, and the materials to be utilized.
- ☐ Location of existing and proposed structures.
- ☐ Building elevations, floor plans (unless requirement waived by department representative)
- ☐ For multiple family housing, number of units and number of bedrooms.

Applicant Signature _____ Date of Filing _____