

LEXINGTON TOWNSHIP
APPLICATION FOR SITE PLAN REVIEW

Date: _____

___PreliminaryReview ___FinalReview
Section 15.3.0 *Section 15.4.0*

PROJECT: _____

APPLICANT'S NAME: _____

ADDRESS: _____

street state zip telephone

PROPERTY OWNER'S NAME AND ADDRESS (if different than above):

name

street address city state zip telephone

ADDRESS OF PROPERTY REQUESTED FOR SITE PLAN REVIEW: _____

PROPERTY IDENTIFICATION No.: _____

DESCRIPTION OF PROJECT (ATTACH ALL APPLICABLE DOCUMENTS), Application will not be accepted without site plan):

Signature of Property Owner/Agent

By signing this application, owner/agent is granting Lexington Township Officials the right to on-site inspection of property involved in this request.

ACTION:

___ **APPROVED, AS SUBMITTED;**

Approval valid for 12 months

___ **APPROVED, WITH CONDITION(S):** _____

Approval valid for 12 months

___ **DENIED, FOR THE FOLLOWING REASON(S):** _____

Zoning Administrator

Date of Action *SPR Application*