

# PLANNING COMMISSION ACTION REQUEST

APPLICANT (Primary Point of Contact):

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PROPERTY OWNER:

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

TYPE OF ACTION REQUESTED:

- Site Development Review
- Preliminary Plat     Sketch Plat
- Final Plat             Replat/Lot Split
- Rezone            From: \_\_\_\_\_ To: \_\_\_\_\_
- Conditional Use
- Other: \_\_\_\_\_

PROJECT LOCATION (provide best info available):

Street Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot/Block: \_\_\_\_\_

Section-Township-Range: \_\_\_\_\_ Acreage: \_\_\_\_\_

Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Tax Parcel: \_\_\_\_\_

Attached Legal Description If Required

LOCATION MAP

DESCRIPTION OF REQUEST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Applicant may act as my appointed agent for the requested action.



**Jacksonville**  
Soaring Higher

#1 Municipal Drive  
Jacksonville, Arkansas  
(501) 982-6071 • (501) 982-6439 FAX

**ENGINEERING DEPARTMENT**

[www.cityofjacksonville.net](http://www.cityofjacksonville.net)