



CITY OF OXFORD

DEPARTMENTAL SITE PLAN REVIEW APPLICATION

Date: _____

Residential _____ Commercial _____

Physical Address of Site: _____

Tax Parcel # of Site: _____

Name of Owner or Applicant: _____

Address of Owner or Applicant: _____

Phone # of Owner or Applicant: Office _____ Cell: _____

Name of Engineer or Architect: _____

Address of Engineer or Architect: _____

Phone # of Engineer or Architect: Office _____ Cell: _____

You will be notified by our office as to your scheduled date and time for Departmental Review.

If a building permit is issued within 6 months of the final approval of the site plan, then the \$250.00 fee will be applied towards the cost of the building permit.

******Cancellations – A 24 hour notice from the scheduled meeting time is required for cancellation or postponement of a Site Plan Review Committee meeting. Failure to notify the Office of Planning & Development 24 hours prior to the scheduled meeting will result in forfeiture of the fee.******

Signature of Applicant/Owner

Date

FOR OFFICE USE ONLY

Departmental Review Date: _____ **Time:** _____ **Fees Paid:** _____

Date of Final Approval _____

