

City of Mount Vernon Planning Board Application Materials Checklist and Submission Review



Development Name: _____

Application Type: New Amended Extension of Time

Location: _____

Map Page: _____ Block: _____ Lot(s): _____

Applicant Representative: _____

Mailing Address: _____

Phone #: _____ Fax #: _____ E-Mail: _____

REQUIRED ITEMS	ITEM PROVIDED (Applicant to Check)	STAFF REVIEW (Staff Use Only)
1. Planning Board Application Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
2. Plan Examiner's Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
3. Information/Violation Search Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
4. Certificates of Occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
5. Environmental Assessment Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
6. Past Zoning Board Findings of Fact, Planning Board Resolutions, Architectural Review Board Decisions, or City Council Resolutions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
7. Current Zoning Board Findings of Fact, Planning Board Resolutions, or City Council Resolutions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
8. Color Photographs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
9. Survey or Plot Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
10. Modified Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
11. Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
12. Floor Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
13. Elevations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision
14. Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Item Provided <input type="checkbox"/> Not Required <input type="checkbox"/> Statement of Non-Provision

(Below to be complete by Staff only)

Reviewed by: _____ Date: _____

Application Number Assigned: _____