



CITY OF NEWCASTLE
Community Development Department

Applicant Status Form

Application Type: _____ Permit No: _____

Name of Development: _____

PRIMARY CONTACT PERSON (APPLICANT)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

ATTACH DESCRIPTION OF PROPOSED ACTION

PROPERTY DESCRIPTION
Action Legal Description

Tax Parcel No. _____ ¼ Sec. _____ Sec. _____ Twn. _____ Rng. _____

Location of subject property: _____

Property Size (ac. or sq.ft.): _____ Comp Plan designation: _____ Zoning: _____

Current use _____

AUTHORIZATION TO FILE:

SIGNATURE OF ALL PERSONS WITH AN INTEREST IN PROPERTY

Name _____ Name _____

Signature _____ Signature _____

Owner Contract Purchaser Owner Contract Purchaser

If tax number, lot and subdivision are different than described above under "Property Description," please list on additional pages.

The owner's signature is required.

CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatures of the above authorization.

SIGNED: _____ Date: _____
APPLICANT

SIGNED: _____ Date: _____
NOTARY

Printed Name: _____
NOTARY

My Commission Expires: _____

