CITY OF SIMPSONVILLE
INNOVATIVE DEVELOPMENT APPLICATION

SITE/PROPERTY LOCATION:
Property Address: __________________________ Tax Map Number: __________________________

APPLICANT:
Mailing Address: __________________________ City, State, Zip: __________________________
Phone Number: __________________________ E-mail Address: __________________________

PROPERTY OWNER (if different from Applicant):
Mailing Address: __________________________ City, State, Zip: __________________________
Phone Number: __________________________ E-mail Address: __________________________

Name of the Proposed Project: __________________________________________________________

Type of Request (please check the appropriate box):
☐ Concept Plan Review
☐ Master Site Plan Review
☐ Major Change (change that alters the approved Concept Plan)
☐ Minor Change (change that alters the approved Master Site Plan)
☐ Simple Deviation (see staff to learn more)
☐ Other: _____________________________

Project Description (be specific): __________________________

Submittal Checklist*:
☐ Consent Letter from Property Owner (if application is not signed by property owner)
☐ Site Plans – 3 printed copies/1 PDF copy (see Concept & Master Site Plan Requirements)

*Staff reserves the right to request additional information and/or materials as necessary

I do hereby certify as property owner/authorized agent that the information shown on this application and any attached forms and/or plans is correct.

_____________________________ _____________________________ ______________
Signature Printed Name Date

FOR CITY STAFF USE ONLY

Date Received: ________ By: _______________ Docket #: __________ Zoning District: _______

Initial Date Comments: _________________________________

Public Works Review ____________ ____________ PC Review: ____________ CC Review: ____________

Fire Marshal Review ____________ ____________ Planning & Zoning Review ____________

☐ APPROVED (☐ with conditions) ☐ DENIED