

Date Paid: _____

Application Fee: \$450.00

Date Application was received: _____

**TOWN OF OGDEN PLANNING BOARD
APPLICATION FOR**

CASUAL REVIEW

Name: _____

Address: _____

Town _____ ZC _____ Telephone #: _____

Number of Lots: _____ Acres _____ Tax Account #: _____

Location of review property: _____

Brief description of project

The undersigned hereby acknowledges that fees resulting from subdivision development shall be the responsibility of the applicant.

Signature of Applicant

Date