



Process Number: _____ - _____ - _____

CONTACT INFORMATION FOR LETTER OF MAP CHANGE (LOMC) APPLICATION

Dear Applicant:

Please complete the following fields. Starred (" * ") fields are required. Please type or print legibly.

Contact Name* (First and Last):	
Contact Telephone Number*:	
Secondary Contact Number:	
Contact Email Address*:	
Folio Address*:	
Site Address (Physical)*:	
Project Number (Assigned by PZ or Master Development Agreement Number)*:	

----- FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE -----

Application Package		Package Review	
Received by (Clerk):		Reviewer Initials:	Date:
Date:			
Fees			
Upfront Fee (BD100):			
Checked Out By:	Date:	Other notes:	
1			
2			
3			