



SUPPLEMENTARY INFORMATION
Clay County Planning & Zoning

Application Date: _____

Application Name: _____

Contact Person: _____

Phone: H) _____ B) _____ C) _____ F) _____

Property Owner: _____

Desired Use of Subject Property: _____

Anticipated Time Needed for Presentation at Hearings:

BOARD	TIME REQUESTED
Planning and Zoning Commission:	_____ hours
Board of Zoning Adjustment:	_____ hours
County Commission:	_____ hours

List of witnesses (attach an additional sheet, if needed):

_____	_____
_____	_____
_____	_____
_____	_____

List of exhibits (attach an additional sheet, if needed):

_____	_____
_____	_____
_____	_____
_____	_____

Additional comments or information (attach an additional sheet, if needed):

_____	_____
_____	_____
_____	_____
_____	_____

(Applicant's Name)

(Date)

DO NOT WRITE BELOW THIS LINE

Special Deposit: _____

Date Deposited: _____