Take a copy of this form to each of the School Districts that serve the property

APPLICANT: COMPLETE SECTIONS BELOW – PLEASE PRINT LEGIBLY

Site Address or location

LUR Number

Total number of Residential Units

State ID# Addition/Section Block Lot/Tax Lot

R- __ _ _ _ - __ __ __ __ __ __ __

R- __ _ _ _ - __ __ __ __ __ __ __

R- __ _ _ _ - __ __ __ __ __ __ __

Tax Account # State ID # Legal Description

Land Use Review Proposal

Applicant’s Name ___________________________ Phone ___________________  

Mailing Address

Approval of most land uses involving a new or expanded use or involving the creation of a new parcel requires verification that all appropriate school districts have had an opportunity to review and comment on this proposal. Complete the applicable sections of this form and take a copy to each school district serving the property. After receiving a response, attach the completed form to your application.

TO BE COMPLETED BY A SCHOOL DISTRICT REPRESENTATIVE

☐ The District has no comment.

☐ The District provides the following commentary on the level of service available to the property and the potential impact on service levels anticipated from the proposed land use.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

School District ___________________________________________  

Representative ___________________________________________ Position held __________________

Address ___________________________________________ Phone number __________________

Date ___________________________________________