

**KANAWHA PLANNING COMMISSION**  
**Application for Low-Income Tax Credit Program**

Receipt Number: \_\_\_\_\_  
Date Fee Paid: \_\_\_\_\_

Application Date: \_\_\_\_\_  
FEE: \$250.00

NAME OF PROJECT: \_\_\_\_\_

DETAILED LOCATION INCLUDING DISTANCE TO MAJOR ROADS: \_\_\_\_\_

MAGISTERIAL DISTRICT: \_\_\_\_\_ MAP NUMBER: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

PROPERTY OWNERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEVELOPERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SPECIFICATIONS:**

NUMBER OF BUILDINGS: \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_

3 BEDROOMS: \_\_\_\_\_ 2 BEDROOMS: \_\_\_\_\_ 1 BEDROOM: \_\_\_\_\_

NUMBER OF PARKING SPACES: \_\_\_\_\_

TOTAL ACREAGE: \_\_\_\_\_

SOURCE OF WATER: WELL: \_\_\_\_\_ WVAWC: \_\_\_\_\_ OTHER: \_\_\_\_\_

SOURCE OF SEWAGE DISPOSAL: SEPTIC TANK: \_\_\_\_\_ COLLECTION SYSTEM: \_\_\_\_\_

PUBLIC SERVICE DISTRICT: \_\_\_\_\_

COST OF CONSTRUCTION: \_\_\_\_\_

**Applicant must provide names and addresses of property owners within 300 feet of proposed development**

\_\_\_\_\_  
Signature of Owner