



PRE-APPLICATION MEETING FORM

OFFICE USE ONLY
Date Stamp
Received by:
Receipt #:
Fees:
Permit No: 851-__-____-PLNG

Applicant (Check Box if Same as Property Owner)

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Property Owner

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

Location:

Site Address: _____
 Map Number: _____
Township Range Section Tax Lot(s)

Zoning: _____ Sq. Ft/ Acreage: _____

Existing Use of Site: _____

Proposal: _____

Attach ONE scale site plan of the project, including dimensions, north arrow, existing buildings, setbacks, and as much detail about the proposed project as can be provided.

Please list the names of any other individuals who will be attending the pre-application conference and their relationship to the proposed project:

List any specific questions you wish to have discussed at the pre-application conference:

1. _____

2. _____

- 3. _____

- 4. _____

- 5. _____

To assist Staff conducting the pre-application conference, please note below the names of County Staff with whom you have already discussed this proposal. Especially in relation to the above questions:

Staff Person	Agency / Department / Division
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Staff Use Only

Assigned Planner: _____

Scheduled Pre-App: _____

Planner Notes:

