

## **Pre-Application Consultation Request**

## **REQUIRED FOR:**

- □ Concept Plans
- □ Development Plans □ Plan Amendments
- Uses on Review /
- □ Ordinance Amendments
  - Special Uses
- □ Planned Developments
  - □ Rezonings □ Level 2 Hillside
    - Protection Overlay (City)

**ENCOURAGED FOR:** 

Pre-application consultations will be held on the first three Tuesdays of the month. City: 8:30-9 am | County: 9-10:30 am Pre-application consultations will accommodate:

Review of site plans prior to formal application submittal (required, send plans with this form) Discussions of property and regulations prior to plan development by applicant (recommended)

APPLICANT INFO				
Applicant Name			Affiliation	
Date Filed Ta	rget Planning Commission N	leeting Date	Desired Pre-Submitt	ed Meeting Date
Type of Pre-Application Consult Requested:		view prior to formal application (required)		erty, zoning, and applicable I to desired use (recommended)
PROPERTY INFO Al	l correspondence related to a	his application should be	e directed to the approv	ed contact listed below.
Project Name		Parcel ID		Zone
Property Address		City	State	ZIP
• Development Type: 🗌 Resi	dential Subdivision 🛛 🗌 C	ommercial 🗌 Othe	er	
• If Residential Development:	Attached Dwelling	Detached Dwelling	□ Number of Lots _	
• If Special Use or Use on Revie	ew, Proposed Use:			
• Will this request require a rez	oning? 🗌 Yes 🗌 No	If Rezoning, Propos	sed Zone:	
OWNER INFO				
Property Owner Name (if differ	ent) Prop	erty Owner Address		Property Owner Phone
Property Address		City	State	ZIP

Links to Checklists:

- Concept Plan Checklist
- Duplex Checklist
- Use on Review- Special Use- Development Plan Checklist
- Planned Development Checklist