



## Pre-Application Information



### CONTACT INFORMATION

The Applicant is considered the **primary contact**. Please list any additional contacts in a narrative or on a separate sheet.

Applicant	Current Property Owner	<i>(if not the Applicant)</i>
Name:		
Company:		
Mailing Address:		
Primary Phone #	<input type="checkbox"/> cell <input type="checkbox"/> office	<input type="checkbox"/> cell <input type="checkbox"/> home/office
Email:		
Relationship with Project:	<input type="checkbox"/> Current Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Consultant/Rep. <input type="checkbox"/> Engineer <input type="checkbox"/> Surveyor <input type="checkbox"/> Architect <input type="checkbox"/> Contractor/Builder <input type="checkbox"/> Other <i>(specify)</i> : _____	<p><b>Please Note!</b> If the Applicant <b>is not</b> the current property owner, include <b>Form O</b> or a letter from the owner that acknowledges their authorization for the Applicant to submit this particular application.</p>

### PROPERTY INFORMATION

Address/Location in City: \_\_\_\_\_

Zoning District(s): \_\_\_\_\_ Zoning Overlay District(s): \_\_\_\_\_

Property Size: \_\_\_\_\_ Current Status of Property:  fully developed  partially developed  undeveloped

### PROPOSED APPLICATION

Please include a **project narrative**, containing the following details:

- the intent of the application (*new building, subdivision, map amendment, etc.*)
- a description of land use upon completion of the project
- property information and existing site conditions
- any specific issues, requests, or actions for Staff or other review entities to consider prior to a submittal

Please indicate the **type of application** to be applied for (select all that apply):

- Amendment (*text or map*)       Site & Design Review       Land Division (*partition or subdivision*)
- Other (*specify*): \_\_\_\_\_

Will you be seeking a variance, adjustment, or a conditional land use as part of the above application?     yes     no

<b>OFFICE USE</b>	File Number:	Fee Paid:	Receipt #
	Notes:	Updated: 01/2016	