



PRE-APPLICATION CONFERENCE REQUEST FORM

ADMINISTRATIVE SUMMARY (Staff Use Only)

Application #		Date Submitted		Fee Required		Fee Paid	
Pre-Application Conference Date				Assigned Case Manager			

APPLICANT/CONTACT INFORMATION

APPLICANT INFORMATION		CONTACT INFORMATION (Same as Applicant? <input type="checkbox"/>)	
Applicant Name		Contact Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Fax		Fax	
Email		Email	

PROJECT SUMMARY

Project Type (Select All Applicable)			
Zoning Permit (Optional) <input type="checkbox"/>	Conditional Use Permit (Required) <input type="checkbox"/>	Zoning Map Amendment (Required) <input type="checkbox"/>	
Administrative Adjustment (Optional) <input type="checkbox"/>	Annexation (Required) <input type="checkbox"/>	Text Amendment (Required) <input type="checkbox"/>	
Variance (Optional) <input type="checkbox"/>	Minor Subdivision (Required) <input type="checkbox"/>		
Minor Site Plan (Optional) <input type="checkbox"/>	Major Subdivision (Required) <input type="checkbox"/>		
Major Site Plan (Required) <input type="checkbox"/>	Planned Development (Required) <input type="checkbox"/>		
Project Address:			
Parcel 1 – Assessor’s Parcel ID Number	Parcel 2 – Assessor’s Parcel ID Number (if needed)	Parcel 3 – Assessor’s Parcel ID Number (if needed)	
Designated Future Land Use Category		Current Zone District(s)	
Is there a current application associated with this project?			
Describe land use and the development proposed for the subject property. Include the time schedule (if any) for development. (Use additional pages if necessary)			

SIGNATURES

Signature of Applicant	Date	Signature of Property Owner(s)	Date

Upon turning in this request form, staff will contact you to set up a time to meet to discuss your project.