

STAFF REVIEW PREAPPLICATION

 If you need assistance, contact the Department of Community Development at 477-7500.



Office Use Only
Case No.:
Date:

Name of Project _____

Location/Address _____

Parcel/Tax ID # _____

Subdiv/Bus Pk/Shp Cntr _____

Acreage _____

Existing Zoning _____

Is this property subject to rezoning? _____

Proposed Use of Property _____

Is this property subject to special use permit? _____

APPLICANT INFORMATION

OWNER OF RECORD:

Name _____

Address _____

City/State _____ Zip _____

Phone _____

E-Mail _____

ENGINEER/SURVEYOR/ARCHITECT:

Name _____

Address _____

City/State _____ Zip _____

Phone _____

E-Mail _____

DEVELOPER:

Name _____

Address _____

City/State _____ Zip _____

Phone _____

E-Mail _____

CONTACT PERSON:

Name _____

Address _____

City/State _____ Zip _____

Phone _____

E-Mail _____