

Conference Date: _____ Proiect Number:

PRE-APPLICATION CONFERENCE REQUEST	
Request Date:	
NAME OF PROPOSED PROJECT:	
APPROXIMATE STREET ADDRESS:	
PROPERTY DESCRIPTION: Section Townsh	hip Range Grant(If applicable)
Tax Parcel Number(s):	
Existing zoning:	
PROPOSED DEVELOPMENT DATA (check all that app	ply): Total Acreage
□ Single Family Residential □ Detached	Number of Lots
□ Attached	Number of LotsNumber of Units
Multi-Family Residential Number of Units	Non-Residential Square Footage
CONTAC	CT INFORMATION:
AUTHORIZED AGENT:	PROPERTY OWNER:
Name:	Name:
Mailing Address:	Mailing Address:
Phone:	Phone:
Alternate Phone:	Alternate Phone:
Email:	Email: