

Alachua County, Board of County Commissioners Department of Growth Management 10 SW 2<sup>nd</sup> Ave., Gainesville, FI 32601 Tel. 352.374.5249, Fax. 352.338.3224 http://growth-management.alachuacounty.us

Submit Application to:
<b>Development Services Division</b>

Conference Date: \_\_\_\_\_\_
Project Number:

I IXL-AI	I LICATION CON	LIVEINGE	(LQULJ)	
Request Date:				
NAME OF PROPOSED PROJECT:				
APPROXIMATE STREET ADDRESS:				
PROPERTY DESCRIPTION: Section	Township	Range	Grant	
Tax Parcel Number(s):				(If applicable)
Existing zoning:	Future land use des	ignation:		

PRE-APPLICATION CONFERENCE RECLIEST

## PROPOSED DEVELOPMENT DATA (check all that apply): Total Acreage\_\_\_\_\_\_ □ Single Family Residential □ Detached Number of Lots \_\_\_\_\_ □ Attached Number of Lots \_\_\_\_\_\_Number of Units \_\_\_\_\_\_

☐ Multi-Family Residential Number of Units \_\_\_\_\_ ☐ Non-Residential Square Footage\_\_\_\_\_

Previous actions: Zoning Application Number, Variance Petition Number, Etc.:

## **CONTACT INFORMATION:**

AUTHORIZED AGENT:	
Name:	
Mailing Address:	
Phone:	
Alternate Phone:	
Email:	

BRIEF DESCRIPTION OF PROPOSED PROJECT:

PROPERTY OWNER:	
Name:	
Mailing Address:	
Phone:	
Alternate Phone:	
Email:	