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SUBMITTAL FOR
**PRE-APPLICATION
 NEIGHBORHOOD MEETING**
 Please Type or Print

File No.	Quad.
Related Files	
DEPARTMENT USE ONLY	

G E N E R A L I N F O	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	ZONING	
	NAME OF PROPOSED PROJECT		GENERAL PLAN DESIGNATION	
	APPLICANT NAME	BUSINESS PHONE () -	HOME PHONE () -	
	APPLICANT ADDRESS	CITY STATE ZIP		
	APPLICANT REPRESENTATIVE	BUSINESS PHONE () -	HOME PHONE () -	
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP		
	PROPERTY OWNER NAME/SIGNATURE	BUSINESS PHONE () -	HOME PHONE () -	
	PROPERTY OWNER ADDRESS	CITY STATE ZIP		
	People listed above will be notified of meetings. If others need to be notified, please list on additional separate sheets.			

P R O J E C T I N F O	PROJECT DESCRIPTION - PLEASE INCLUDE PURPOSE OF PROJECT AND TARGET MARKET		
		SIZE OF PARCEL _____ SQ FT or _____ ACRES	EXISTING USE
	REQUIRED MATERIALS		
	<input type="checkbox"/> Three Full Scale Conceptual Site Plans showing location of proposed buildings, roads, parking areas, landscaping, and lot lines with approximate dimensions. (Please fold Plans to 8½ x 14")		
	<input type="checkbox"/> Three Full Scale Site Analysis Diagrams showing existing conditions and the neighborhood context		
	<input type="checkbox"/> Conceptual building design information and proposed density		
	<input type="checkbox"/> One 8.5" x 11" reduction of Conceptual Site Plan		
<input type="checkbox"/> One 8.5" x 11" Location Map clearly indicating site location and streets in the vicinity			
<input type="checkbox"/> Neighborhood Context Map <input type="checkbox"/> Site Analysis Map			

D E P T	STAFF USE ONLY		
	Date Received:	Received By:	Target Meeting Date:
	Meeting Notes:		