



DRC – PRE APPLICATION QUESTIONNAIRE

Questionnaire must be submitted on the Friday before the scheduled DRC meeting

TO BE COMPLETED BY CITY STAFF								
Meeting Date:		Meeting Time:						
TO BE COMPLETED BY APPLICANT								
Project Name:								
Location:								
Parcel Number(s):								
Current Zoning:								
<input type="checkbox"/> Single-family residential	<input type="checkbox"/> Multi-family residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial					
Gross Lot Size:	Sq Ft =	acres						
Net Lot Size:	Sq Ft =	acres						
Current Use (or last previous use):								
Description of requested action:								
APPLICANT INFORMATION								
Name:		Phone:						
Address:								
Signature: <i>I certify that all application materials and plans are true and correct.</i>			Date:					
PROPERTY OWNER INFORMATION (if same as above, check here) <input type="checkbox"/>								
Name:		Phone:						
Address:								
Signature: <i>I certify that I am the owner of record of the property described above and that I approve of the action requested herein.</i>			Date:					
OTHERS INVOLVED (engineer, architect, planner, landscape architect, surveyor, contractor etc.)								
Capacity	–	Firm	–	Name	–	Email	–	Phone
Target Start Date:								