



OFFICE USE ONLY
Date Received:
Meeting Date:

PROJECT INFORMATION

Project Name

Project Address (or location)

Existing Zoning	Existing Land Use	Proposed Land Use	Acreage	# of Proposed Lots

PROJECT DESCRIPTION

PROJECT DESCRIPTION:

**Please provide any conceptual plans, images, etc. of the project with the application.*

PROJECT CONTACTS

Please list all contacts for the project that will receive notification of the meeting date/time and meeting notes:

PROJECT LEAD	
Name:	
Company:	
Address:	
Email:	Phone:

OTHER	
Name:	
Company:	
Address:	
Email:	Phone:

OTHER	
Name:	
Company:	
Address:	
Email:	Phone:

OTHER	
Name:	
Company:	
Address:	
Email:	Phone:

APPLICANT INFORMATION

Name of Applicant	Company	Phone	Email Address

Address	City	State	Zip Code

With the signing and submitting of this meeting request, I hereby depose and say that all the above statements contained in papers submitted herewith are true to the best of my knowledge and agree to allow the City of Belton to copy and distribute all project plans, materials, and information as necessary for the project review process.

Applicant Signature	Date