	Gity.	Zip:		
Phone:				
E-Mail:				
	TING: (NO MONDAY OR FRIDAY N	1EETINGS)		
Provide 3 Options:				
I// Tu-W-Th am/pm 2// Tu-W-Th am/pm 3// Tu-W-Th am/pm				
ADDI ICANIT DEDDECENITATI	/ES.			
APPLICANT REPRESENTATIV				
(I) Name:				
Tel:				
(2) Name:	Firm:			
Tel:	E-Mail	<u> </u>		
(3) Name:	Firm:			
Tel:	E-Mail			
Particular Issues to Discuss:				

Project Name:	·
Site Address:	
Parcel No:	
Affiliation to Project:	
Company:	
Address:	
Tel:	
Description of your proposal:	
Single Family Residential	(No. of Lots)
Multi-Family Residential	(No. of Lots)
Office/Commercial/Retail	(Square Feet)
Warehouse/Manufacturing	(Square Feet)
Mixed Use	(Square Feet)
Other	(No. of units/lots/square feet)
Additional Information:	
How many access points to the public street do proposed application?	oes the existing site have and how many are proposed under the
Existing:	Proposed:

For non-single family residential applications only, please identify:

The proposed size of the building(s): The proposed occupancy of the structures (i.e., "S", "B", "H"):	Choose an item.	
The proposed occupancy of the structures (i.e., "S", "B", "H"):	Choose an item.	
Any manufacturing processes proposed?: Yes	No	
Will you be utilizing fire sprinkler systems: Yes	No	Do not know, but possible
Will you be storing or using hazardous material: Yes	No	Do not know, but possible
If yes, type of material stored:		