

MEETING DATE: _____

PRELIMINARY REVIEW PROJECT INFORMATION

DATE _____ PRELIMINARY REVIEW NO. _____

APPLICANT'S NAME _____

MAILING ADDRESS _____

CITY, ZIP _____

PHONE _____ E-MAIL _____

PROJECT LOCATION _____

PROJECT DESCRIPTION _____

ASSESSOR'S PARCEL NO. _____

CURRENT LAND USE _____

PROJECT REPRESENTATIVE _____

MAILING ADDRESS _____

CITY, ZIP _____

PHONE _____ E-MAIL _____

PLEASE PROVIDE 10 COPIES OF YOUR PLAN(S) AND INCLUDE THE FOLLOWING INFORMATION:

**ASSESSOR PARCEL NUMBER
EXISTING STREET NAME
EXISTING ADDRESS, IF ANY
LOT AND BUILDING DIMENSIONS**

**LOCATION MAP
NORTH ARROW
PROPOSED BLDG FOOTPRINT
SCALE**