Pre-Application Conference Request

F	For Staff to Complete:	
F	PA Conference Date:	Time:
5	Staff Contact:	Fee:
Ap vir <u>Su</u>	tual meeting. To schedule a conference, submit this form	e meeting date. The applicant has a choice of an in-person o
Na En Ph	roperty Owner Information ame: hail: hone #: Idress:	Applicant Information Name: Email: Phone #: Address:
	Idress of Subject Property (or tax lot): EQUIRED ATTACHMENTS: A project parrative with a detailed description of the p	roposed project. Briefly describe the physical context of the
	site.	roposed project. Briefly describe the physical context of the
	A list of questions or issues the applicant would like the	e City to address.
	A dimensional site plan that shows:	
	 □ North arrow and scale □ Location of existing trees (a tree survey is highly recommended) □ Streets Abutting the property and width of right of way □ Location of creeks and/or wetlands (a wetland delineation is highly recommended) □ Property Dimensions, existing buildings, and building setbacks □ Slope map (if slope is 25% or more) □ Location of existing utilities (water, sewer, etc.) □ Conceptual layout, design, proposed buildings, building elevations, and setbacks 	 Location of all easements (access, utility, etc.) Vehicle and bicycle parking layout (including calculation of required number of spaces, based on use and square footage of building), if applicable Location of existing and proposed access and driveways. Include the proposed circulation system for vehicles, pedestrians, and bicycles, if applicable. Proposed stormwater detention system with topographic contours

I certify that I am the owner or authorized agent of the owner:

APPLICANT: DATE:

The undersigned property owner authorizes the requested conference and grants city staff the **right of entry** onto the property to review the application.

PROPERTY OWNER: DATE: