## **Planning Consultation Request**

| For Staff to Complete:                 |   |  |             |  |
|--|---|--|-------------|--|
| PC#                                    | Appointment Date  | : Time:  | Time:       |  |
| Staff Contact:                         |   | Fee: \$150   |             |  |
| Appointments must b may choose between | e scheduled by 5:00 pm, at least to an in-person or virtual meeting. It terials through the Submit a Land | nday through Thursday, between 9:00 am and 3:00 proton working days before your desired meeting date. To schedule, submit the planning consultation form all Use Application web page. The City will contact you | You<br>long |  |
| Property Owner                         | Information   | Applicant Information  |             |  |
| Name:                                  |   | Name:  |             |  |
| Email:                                 |   | Email:   |             |  |
| Phone #:                               |   | Phone #:   |             |  |
| Address:                               |   | Address:   |             |  |
| Address of Subject Pro                 | operty (or tax lot):  |  |             |  |
| Required Attachi                       | ments:  | Requested Consultation:  |             |  |
| A brief description                    | on of the proposal  | ☐ In-person  |             |  |
| A list of questions                    | s or issues the applicant would   | ☐ Virtual  |             |  |
| like the City to ad                    |   | Phone  |             |  |
| A dimensional sit                      | e plan is optional  | Written feedback only  |             |  |
|  | <b>-</b> •  | two working days before your desired meeting date.   |             |  |
| Date                                   |   | Time   |             |  |
|  |   |  |             |  |
|  |   |  |             |  |
|  |   |  |             |  |
|  |   | I  |             |  |
| I certify that I am th                 | e authorized agent of the own   | er:  |             |  |
| APPLICANT:                             |   | DATE:  |             |  |
| The undersigned pro                    | operty owner authorizes the re  | equested consultation and grants city staff the rig  | tht o       |  |

DATE:

**PROPERTY OWNER:**