



DRC PROJECT FEASIBILITY MEETING REQUEST

SUBMITTAL REQUIREMENTS		STAFF
<i>PLEASE BRING ALL OF THE FOLLOWING ITEMS THAT APPLY WHEN SUBMITTING YOUR REQUEST</i>		
APPLICATION	INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.	<input type="checkbox"/>
CD	A CD COPY OF ALL APPLICATION DOCUMENTS AND SUBMITTAL DOCUMENTS IN PDF FORMAT	<input type="checkbox"/>
SURVEY /SITE PLAN	(A) PROVIDE A PROPOSED CONCEPTUAL SITE PLAN (7 REDUCED SETS ON 11" X 17" OR SMALLER). OR;	<input type="checkbox"/>
	(B) PROVIDE AN EXISTING PROPERTY SURVEY (7 REDUCED SETS ON 11" X 17" OR SMALLER). THE CONCEPTUAL PLAN SHOULD SHOW APPROPRIATE INFORMATION AS TO ALLOW CITY STAFF TO EVALUATE THE SITE TO INCLUDE INTERNAL TRAFFIC CIRCULATION, UTILITIES, STORMWATER RETENTION, ETC., AN A VICINITY MAP SHOWING SURROUNDING STREETS AND ACCESS TO THE SITE.	<input type="checkbox"/>
PROPOSAL	A WRITTEN DESCRIPTION OF THE DEVELOPMENT PROPOSAL.	<input type="checkbox"/>
FEE	No FEE REQUIRED	

** ADVISEMENTS **

1. A MEETING WITH THE DEVELOPMENT REVIEW COMMITTEE WILL BE SCHEDULED ON THE NEXT AVAILABLE AGENDA.
2. THE PROJECT FEASIBILITY MEETING IS TO BE SCHEDULED AT LEAST TWO WEEKS PRIOR TO ANY FORMAL SUBMITTAL FOR THE PROJECT.
3. THE QUALITY AND QUANTITY OF THE INFORMATION PROVIDED BY THE APPLICANT WILL DIRECTLY IMPACT THE AVAILABLE FEEDBACK BY THE CITY.



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OWNER OF RECORD INFORMATION:

BUSINESS NAME: _____
CONTACT NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FACSIMILE: _____ CELLULAR: _____
EMAIL: _____

APPLICANT / DEVELOPER INFORMATION:

(IF DIFFERENT THAN OWNER OF RECORD / MUST ATTEND FEASIBILITY MEETING)

BUSINESS NAME: _____
CONTACT NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FACSIMILE: _____ CELLULAR: _____
EMAIL: _____

Only the primary contact as indicated by the Applicant/Contact Person will receive all correspondence from the City.

PROJECT/SITE INFORMATION:

PROJECT NAME: _____

PROJECT ADDRESS: _____

COUNTY PROPERTY APPRAISER TAX PARCEL ID NUMBER(S):
A. _____ - _____ - _____ - _____ - _____ - _____ - _____
B. _____ - _____ - _____ - _____ - _____ - _____ - _____
C. _____ - _____ - _____ - _____ - _____ - _____ - _____

EXISTING USE: _____
DU OR SQ FT: _____ ACRES: _____
DU OR SQ FT: _____ ACRES: _____

PROPOSED Use(s): _____
DU OR SQ FT: _____ ACRES: _____ FAR: _____
DU OR SQ FT: _____ ACRES: _____ FAR: _____

DO YOU INTEND TO DEVELOP THIS PROJECT IN PHASES? Yes No

WILL THIS PROPOSED PROJECT REQUIRE A CHANGE TO THE FUTURE LAND USE OR ZONING DESIGNATION? Yes No

IF YES, WHAT WILL BE THE REQUESTED DESIGNATION? _____

SIGNATURE OF APPLICANT:

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION ON THIS REQUEST IS TRUE AND COMPLETE.

APPLICANT/OWNER SIGNATURE DATE

PRINT NAME

FOR OFFICE USE ONLY

MEETING SCHEDULED: _____
DATE TIME

DATE STAMP

RECEIVED BY: _____