



Pre-Application Meeting Notes

Meeting Date: _____ Zoning District: _____

Address/Location: _____

Request: _____

Type of Application: _____ Staff Planner for Pre-App: _____

Attendees: _____

Neighborhood and Business Associations within 300 feet:

Assoc.	Contact Name:	Email:	Phone:

(See Public Participation Report in applicable Application Package for CONA and FICO contacts.)

An appointment shall made with the staff planner prior to submitting a complete application.

Notes: _____
