

PRELIMINARY CONSULTATION

GENERAL INFORMATION

COUNTY FEE:\$ _____

Town: _____ Tax Parcel #: _____ - _____ - _____
Owner's Name: _____ Phone #: _____
Owner's Agent: _____ Phone #: _____
Zoning District: _____ Parcel Size: _____ Site Address: _____

TYPE OF PUBLIC HEARING ACTION

Circle one: Variance Conditional Use Permit Zone Change Preliminary Plat

REQUEST FOR:

PURSUANT TO ORDINANCE STANDARD:

LEGAL DESCRIPTION:

OTHER CONSIDERATIONS:

STAFF PERSON: _____

DATE: _____