

For Staff Only: Preliminary Review Number: _____
Meeting Date: _____



PLANNING DEPARTMENT REQUEST FOR PROJECT PRELIMINARY REVIEW

Fee: \$300 when site is less than 5 acres
\$500 when site is 5 acres or greater

Applicant's Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____ Email: _____

Project Address (if known) or Location: _____

Assessor's Parcel Number: _____

Describe Proposed Project: _____

Existing Site Conditions: _____

Please provide photos (on-site and off-site) and 13 copies of the plan(s). Include the following information on the plan(s):

Site Plan

- Location Map of the Project Area
- North Arrow and Drawing Scale
- Label Adjacent Street Names
- Label Surrounding Development
- Show and Dimension Lot Boundary
- Show and Dimension Proposed Building(s) Footprint
- Show and Dimension Parking Lot Layout
- Show Landscape Areas and Identify Major Elements

Building Elevations (if provided)

- Label Building Height
- Architectural Concept