



PRE-APPLICATION REVIEW

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Cell: _____

Ownership Status:

Owner Signature: _____

Agent Signature: _____ (If not owner, attach letter of authorization)

ATTACH A SITE PLAN: 8½ x 11 in. to 11 in. x 17 in. FOR ACCESSORY BLDG., ADDITION OR SINGLE FAMILY. IF LARGER THAN 11 in. x 17 in. ,FURNISH 6 SETS. MULTI-FAMILY/APARTMENTS OR COMMERCIAL, FURNISH 6 SETS WITH ARCHITECT/ENGINEER SEAL, AT LEAST 11 x 17 in., BUT NO LARGER THAN 24 x 36 in. SUBDIVIDED PROPERTY, SEE SUBDIVISION ORDINANCE.

SITE:

Address: _____ City: _____ State: _____ Zip Code: _____

Map#: _____ Parcel #: _____ Lot#: _____ Zoning District: _____

Reason For Request/Use:

Name (if business, subdivision, etc.):

You may contact the departments at numbers below for additional information. A pre-constuction meeting must be held prior to any permits being issued.

-----ADMINISTRATIVE USE ONLY BELOW THIS LINE-----

CITY DEPARTMENTS/CHECKLIST: (Quick turnaround, cursory review)

Public Works Dept. (478) 994-7623

Electric Dept. (478) 994-2444

Street Dept. (478) 994-2381

Water/Sewer Dept. (478) 994-3423

E & S and Fire Dept. (478) 994-2040

Pre-Application Review COMPLETE INCOMPLETE AND VALID FOR 3 MONTHS FROM THE ISSUE DATE. AS OF THE ISSUE DATE, THE ADMINISTRATIVE INFORMATION IS CORRECT, BUT SUBJECT TO INFRASTRUCTURE AND ZONING CHANGES.

DATE RECEIVED: _____ **FEE:** _____ **DATE ISSUED:** _____

ISSUING AGENT: _____

(ZONING OFFICER)

FILE NUMBER: _____