Development Services Center (DSC) Appointment Application

Date Received_____by _____

APPLICANT: Complete all sections below that apply to the proposal. Please print legibly.

Address or Location_____

Tax account number(s)

R _____ R _____ R _____

Adjacent property (in same ownership) tax account number(s)

R _____ R _____ R _____

Applicant Information

PRIMARY CONTACT, check all that apply ☐ Applicant ☐ Owner ☐ Other _____

Name_____Company_____

Mailing Address _____

City_____ State_____ Zip Code_____

Day Phone_____email _____

One staff person will attend the meeting. Choose one of the following specialties:

- ☐ Site Development (Geotech, Soils)
- ☐ Permitting Services (Permit Processing and Fees)
- ☐ Planning & Zoning (Zoning Code and Land Use)
- ☐ Life Safety (Building Code)
- ☐ Structural Engineering

Expected land use reviews: _____

Questions to be discussed:

_____

_____

_____

_____

_____