



WASHINGTON COUNTY
 Dept. of Land Use & Transportation
 Planning and Development Services
 Current Planning
 155 N. 1st Avenue, #350-13
 Hillsboro, OR 97124
 Ph. (503) 846-8761 Fax (503) 846-2908
 http://www.co.washington.or.us

COUNTER DATE STAMP by: _____

Pre-Application Conference Request

Thank you for your request. The Pre-Application Conference fee of \$268 is payable upon submittal of this request. Staff will review your materials and contact you for an appointment.

PROPERTY INFORMATION

Development Site Address: _____
 Cross Street: _____ Sq. ft./Acreage: _____
 Assessor Map: _____ Tax Lot Number(s): _____
 Plan Designation: _____ Community Plan: _____
 Existing Use of Site: _____
 Proposal: _____

Attach ONE 8.5 x 11 or 11 x 17 inch site plan of the project drawn to an even scale. The site plan must include lot dimensions, a north arrow, all existing buildings, setbacks from the property lines, and as much detail about the proposed project as can be provided. The drawing must be clear, legible, and reproducible.

Is the property under enforcement action for a violation of the Community Development Code?
 No Yes If yes, attach a copy of the violation notice.

CONTACT INFORMATION

The applicant will be the person to whom **all** communication regarding the pre-app. conference will be directed. Do not have multiple parties inquire about the same pre-application conference.

Applicant Name: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Day Phone: _____ Fax: _____ Email: _____

Owner Name: _____ Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Day Phone: _____ Fax: _____ Email: _____

Please list the names of any other individuals who will be attending the pre-application conference and their relationship to the proposed project:

List any specific questions you wish to have discussed at the pre-application conference:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

To assist Staff conducting the pre-application conference, please note below the names of County Staff with whom you have already discussed this proposal. Especially in relation to the above questions:

	Staff Person Name	Agency / Department / Division
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

For Staff Use Only

Urban: _____ Rural: _____ Assigned Planner: _____

Pre-App is scheduled for: _____ at _____
Date Time

Planner Notes: