



**WASHINGTON COUNTY**  
 Dept. of Land Use & Transportation  
 Planning and Development Services  
 Current Planning  
 155 N. 1<sup>st</sup> 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 \$281 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:

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

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

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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.	_____	_____

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**For Staff Use Only**

Urban: \_\_\_\_\_ Rural: \_\_\_\_\_ Assigned Planner: \_\_\_\_\_

Pre-App is scheduled for: \_\_\_\_\_ at \_\_\_\_\_  
Date Time

Planner Notes: