



*Application for*  
**Predevelopment Services**

APPLICATION DATE	TECH INITIALS	PROJECT FILE #
Predevelopment Services-DC		o Please contact me prior to exceeding the deposit

1. Property Address: \_\_\_\_\_

2. Project or Building Name: \_\_\_\_\_

3. Contact/Applicant Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

4. Name of the reviewer and/or department who suggested you apply, if known: \_\_\_\_\_

o Land Use Services: Description of question or service requested and information submitted with this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

o Transportation Services: Description of question or service requested and information submitted with this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

o Right of Way Services: Description of question or service requested and information submitted with this application:

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\_\_\_\_\_  
\_\_\_\_\_  
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o Utilities Services: Description of question or service requested and information submitted with this application:

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o Fire Services: Description of question or service requested and information submitted with this application:

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o Building Services: Description of question or service requested and information submitted with this application:

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o Clear/Grade Services: Description of question or service requested and information submitted with this application:

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**I understand that I may be billed by any or all of the Development Services departments on a monthly basis at the rate established by the current fee schedule.**

*I certify that the information on this application is true and correct.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_