

**REQUEST FOR PREAPPLICATION CONFERENCE**  
POLK COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION

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Checked By: \_\_\_\_\_ FEE: \$ \_\_\_\_\_  
Received By: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Application No.: \_\_\_\_\_

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Please type or print all information below. An incomplete application will not be accepted.

**APPLICANT**

**OWNER(s)**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

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**BRIEF DESCRIPTION OF PROJECT OR REQUEST:**

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

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**PROPERTY:**

Location or Address \_\_\_\_\_ Acreage \_\_\_\_\_

Taxlot(s) \_\_\_\_\_; Township \_\_\_\_\_; Range \_\_\_\_\_; Section \_\_\_\_\_

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**INFORMATION.** To describe the location and nature of the project or request, the following information should be attached to this application form:

- PRINT-OUT FROM THE ASSESSOR'S OFFICE FOR EACH TAX LOT SUBJECT TO THE PROPOSED DEVELOPMENT OR LAND USE CHANGE;
- ASSESSOR'S MAP AND AERIAL PHOTOGRAPH DEPICTING THE PROPERTY; AND
- OTHER INFORMATION DESCRIBING THE PROJECT OR PROPOSAL, SUCH AS CONCEPTUAL PLANS, PHOTOGRAPHS, ETC.

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I understand that the signature on this application authorizes representatives of the Polk County Community Development Department to enter upon the subject property to gather information pertinent to this request.

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\_\_\_\_\_  
Signatures of Owners and/or Authorized Agent