



PRE-APPLICATION MEETING REQUEST FORM

Upon completion please submit this form to the Planning Department
and staff will schedule a meeting with the applicant upon receipt.

P.O. Box 609
Eagle, CO 81631
970-328-9655
planning@townofeagle.org
www.townofeagle.org

Project Address

Received Date

Scheduled Meeting Date

Town Use Only

CONTACT INFORMATION

Applicant Name _____ Applicant Mailing Address _____

City _____ State _____ Zip _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____ Fax _____

Are you the owner of the property?

LOCATION INFORMATION

Address or Parcel Number: _____ Zone District _____

Nearest Intersection/Cross Street: _____

BRIEF DESCRIPTION OF PROPOSED PROJECT

PROPOSED MEETING AGENDA ITEMS (main topics you want to discuss)

MEETING DOCUMENTS (attachments to be sent prior to scheduling meeting)

- Existing Conditions (Site Plan- could be ILC or aerial photo)
- Proposed improvements plan (same scale as existing conditions plan)
- Subdivision Plat
- Project Narrative (the above space is sufficient for most proposals - for a development permit or a subdivision, provide additional information, such as: number of units, all uses on property, etc.)
- List of Attendees (please provide full name and email addresses)

Applicant Signature _____

____ / ____ / 20 ____
Date