



## Development Review Committee PRE-APPLICATION MEETING REQUEST

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|---|---|
| <input type="checkbox"/> 7 ca a YfVjU`GjH`D`Ubz9I Hf]cf`7\ Ub[ Yg<br><input type="checkbox"/> Gi VX]j ]g]cb`D`Ub#D`Uh<br><input type="checkbox"/> D`UbbYX`8 ]glf]Wf8 Yj Y`cda Ybh | <input type="checkbox"/> F Yncb]b[<br><input type="checkbox"/> A UghYf`D`Ub`5 a YbXa Ybh<br><input type="checkbox"/> Occupancy Conversion |
|---|---|

Date requested (Tuesday or Thursay): \_\_\_\_\_

E-mail to: [98F4 kmW W"cf\]](mailto:98F4kmW@Wcf)

Meetings are held on **Hi YqXUng`UbX`H i fqXUng`ÁaÁi kEaá Áaá àÁJKEá** at the Neighborhood Resource Center located at 4953 State Ave, Kansas City, KS. **To ensure a spot for your project on the Development Review Committee Agenda, this **COMPLETED** application and a sketch of the proposed site design (for site, subdivision and mixed use sketch plans) must be received no later than 5 p.m. eight days prior to the requested date. The sketch must include north arrow, scale, buffers, streetscapes, access, parking, building locations, preliminary location of storm water devices, area of site, lot sizes and number of lots (if appropriate), and other relevant information.**

| Applicant                      |                                 | Applicant's Contact     |                 |
|--------------------------------|---------------------------------|-------------------------|-----------------|
| Name: _____                    |                                 | Name: _____             |                 |
| Firm: _____                    |                                 | Firm: _____             |                 |
| Street Address: _____          |                                 | Street Address: _____   |                 |
| City, State, Zip: _____        |                                 | City, State, Zip: _____ |                 |
| Phone: _____                   |                                 | Phone: _____            |                 |
| E-mail address: _____          |                                 | E-mail address: _____   |                 |
| Parcel/Owner Information       |                                 |                         |                 |
| <b>Project Name:</b>           | County Parcel Numbers (6-digit) | Real Estate ID(s)       | Area in acres ± |
|                                | Total Acreage:                  |                         |                 |
| Street Address/Location: _____ |                                 |                         |                 |
| Summary of Request:            |                                 |                         |                 |
| Property Information           | Current                         | Proposed                |                 |
| Zoning District(s):            |                                 |                         |                 |
| Land Use Designation(s):       |                                 |                         |                 |

Please note, upon receipt, we will contact you confirming the date of your pre-application meeting. You will receive an agenda with the time your case is scheduled via e-mail one week prior to your scheduled meeting date.