Town of Williston

REQUEST FOR PRE-APPLICATION REVIEW - AS REQUIRED BY WDB 6.2

This form, the Pre-Application Checklist, and all materials required by that checklist must be submitted. Please be sure you understand the purpose of the pre-application process before filing.

Project Name: _____

Project Address: _____ **Tax Parcel Number:** _____

Owner's Signature: _____

Name of Applicant: _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Design Team Leader: _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Provide a brief description of your proposal: