

**REQUEST FOR PRE-APPLICATION REVIEW**

*The following are required by WDB 6.2 for submission: 1) this form, 2) the Pre-Application Checklist, and 3) all materials required by that checklist. Please understand the pre-application review process before filing.*

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Primary Tax Parcel #: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

Additional Tax Parcel #: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ . \_\_\_\_\_

**Primary contact:** (check one)      Owner              Applicant              Representative

**Owner's Signature:** \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Check box if the owner is the applicant

**Applicant Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative Name & Firm:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

FOR OFFICE USE ONLY		
<b>DRB &amp; Committee Hearings</b>		
Date	Hearing	Notes
<b>Notifications</b>		
Date	Item	Notes
	Abutter letters & H-sign	
	Notice of Decision (NOD) Letter	
<b>Recommendation:</b> _____		
<b>Next Steps:</b> <input type="checkbox"/> Growth Management <input type="checkbox"/> DP <input type="checkbox"/> Other: _____		