



DEVELOPMENT SERVICES
 10 South Oakdale Ave., Room 100
 Medford OR 97501-2902
 Phone: (541) 774-6907
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PRE-APPLICATION CONFERENCE FORM

Staff: _____ File #: _____

Appt. Date: _____ Appt. Time: _____ Receipt # _____

Meeting Location: _____ Time In: _____ Time Out: _____

Print Property Owner Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Print Applicant (If not owner): _____ Phone: _____

Mailing Address: _____

Email Address: _____

Print Agent Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Township	Range	Section	Tax Lot(s)	Acres	Zone

Subject property address(es): _____

A COMPLETED DRAFT APPLICATION MUST BE ATTACHED TO THIS FORM. APPLICATIONS MAY BE OBTAINED FROM PLANNING COUNTER STAFF. APPOINTMENTS ARE AVAILABLE FOR ADDITIONAL INFORMATION REGARDING FORM REQUIREMENTS, CRITERIA AND/OR OTHER INFORMATION.

Describe Proposal: _____

ALL FEES ARE NON-REFUNDABLE, AND MUST BE PAID IN ADVANCE.

DISCLAIMER: The information provided at the Pre-Application Conference is valid on the date of the conference. Any changes in the property owner(s)/applicant proposal or county/state regulations may render the information invalid.

Property Owner Signature: _____

Applicant Signature: _____

Agent Signature: _____