



Request an Appointment

An appointment is an extended counter consultation and a \$153.00 **non-refundable** deposit is required. This appointment includes 30 minutes of research*, a 30 minute meeting to discuss general questions with a planner and a printed summary of the discussion.

OFFICE USE ONLY: File #: _____ Date Received: _____
 Fee Paid: _____ Receipt #: _____
 Staff Assigned: _____ Counter Planner: _____
 Appt. Date and Time _____ Meeting Location _____
ZONING INFORMATION SHEET IS ATTACHED: No Yes

PROPERTY OWNER:

Name: _____
Mailing Address: _____
City / State / Zip: _____
Daytime Phone: _____
Email: _____

Site Address

Site Address

APPLICANT /AGENT: *(If different from property owner)*

Name: _____
Mailing Address: _____
City / State / Zip: _____
Daytime Phone: _____
Email: _____

Township Range Section ¼ Section Taxlot

Township Range Section ¼ Section Taxlot

A PLOT PLAN IS PREFERRED, PLEASE ATTACH.

Describe your proposal in detail:

Property Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____

This form is only for scheduling an appointment. It is neither a permit nor an application for a permit.

*** If additional research is required or requested you will be billed for costs in excess of the deposit amount on a fee-for-service basis.**