



Request an Appointment

An appointment is an extended counter consultation and a \$200.00 **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:

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

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City / State /Zip: _____

City / State /Zip: _____

Daytime Phone: _____

Daytime Phone: _____

Email: _____

Email: _____

Site Address _____

Township _____ Range _____ Section _____ ¼ Section _____ Taxlot _____

Site Address _____

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.**