



Request an Appointment

An appointment is an extended counter consultation and a \$150.00 **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: _____
 Mailing Address: _____
 City / State /Zip: _____
 Daytime Phone: _____
 Email: _____

 Site Address

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

 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.**

COST-PLUS BILLING ACCEPTANCE

Application Type _____ Appointment Date _____

Property Location T ____ R ____ S ____ TAX LOT(S) _____

Applicant/Agent/Property Owner must read the following and sign before an application or appointment will be accepted:

Your deposit is not a final payment. Costs associated with a Planning appointment or with the Planning application type listed above are charged on a fee-for-service basis. This type of application requires mapping, historical analysis and other types of intensive research. An appointment may also require similar research. Time required to complete this type of review cannot be precisely anticipated until research begins. Therefore, the actual cost of this application or appointment may be more or less than the average-cost dollar deposit required to initiate the review. Neither failure by the County to notify an applicant of costs in excess of the deposit amount, nor refusal by an applicant to allow completion of the application, excuses payment due toward any Department costs associated with processing your application or appointment.

Dear Development Services Department:

I have read the above notice of possible occurrence of costs in excess of my deposit. I accept and acknowledge that my deposit in the amount of \$_____ may not cover the full cost of this application or appointment. I agree to pay the full amount billed by the County for services rendered in this application or appointment per the terms of the billing statement.

Dated this _____ day of _____, _____

Applicant/Agent

Name, Address, City & Zip of Billing Address