

## Rezoning Pre-Application Review Request

Save this form to your computer and return it as an email attachment when complete

SUBJECT PROPERTY INFORMATION	
Property Address(es)	
Nearest Major Intersection	
Total Area	
Current Zoning	
CONTACT INFORMATION	
Pre-Applicant	Name
	Company Name
	Email Address
	Phone:
	Please indicate if you are: <input type="checkbox"/> Property Owner <input type="checkbox"/> Owner Representative <input type="checkbox"/> Other (specify below)
POTENTIAL REQUEST	
Describe the purpose/reason for rezoning including whether any demolition is proposed (e.g., redevelop the site, reuse an existing building, expand the permitted uses)	
Potential zone districts for discussion	
Describe any contact with City agencies or departments regarding this property or project (e.g., Neighborhood Inspection Services, Development Services)	