



Development Review Committee PRE-APPLICATION MEETING REQUEST

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<input type="checkbox"/> Gi VX]j]g]cb`D`Ub#D`Uh
<input type="checkbox"/> D`UbbYX`8]glf]Wf8 Yj Y`cda Ybh | <input type="checkbox"/> F Yncb]b[
<input type="checkbox"/> A UghYf`D`Ub`5 a YbXa Ybh
<input type="checkbox"/> Occupancy Conversion |
|---|---|

Date requested (Tuesday or Thursday): _____

E-mail to: [98F4 km@ W`cf\]](mailto:98F4km@wcf.org)

Meetings are held on **Hi YqXUng`UbX` H i fqXUng`** at the Neighborhood Resource Center located at 4953 State Ave, Kansas City, KS. **To ensure a spot for your project on the Development Review Committee Agenda, this COMPLETED application and a sketch of the proposed site design (for site, subdivision and mixed use sketch plans) must be received no later than 5 p.m. eight days prior to the requested date. The sketch must include north arrow, scale, buffers, streetscapes, access, parking, building locations, preliminary location of storm water devices, area of site, lot sizes and number of lots (if appropriate), and other relevant information.**

Applicant		Applicant's Contact	
Name: _____	Name: _____		
Firm: _____	Firm: _____		
Street Address: _____	Street Address: _____		
City, State, Zip: _____	City, State, Zip: _____		
Phone: _____	Phone: _____		
E-mail address: _____	E-mail address: _____		
Parcel/Owner Information			
Project Name:	County Parcel Numbers (6-digit)	Real Estate ID(s)	Area in acres ±
		Total Acreage:	
Street Address/Location: _____			
Summary of Request:			
Property Information	Current	Proposed	
Zoning District(s):			
Land Use Designation(s):			

Please note, upon receipt, we will contact you confirming the date of your pre-application meeting. You will receive an agenda with the time your case is scheduled via e-mail one week prior to your scheduled meeting date.