Development Advisory Board Meeting Application



General Information

OFFICE USE ONLY				
File No.	Meeting D		Date Submitted:	Received By:
2.00				
Meeting date Requested:				
Meeting date Requested.				
Applicant: Contact Pers		on(s):		
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Title(s) and Company:				
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A 11				
Applicant Address:				
Phone:	Fax:		E-mail Address:	
Project Description				
Detailed Description of Proposed Project (please submit a conceptual site plan, attach additional sheets if necessary).				
Betailed Bescription of Froposed Fr	o)eet (prease submit a concep	taar site piari, atta	ten additional streets if freet	
Building Square Footage:	Type of Construction:		Occupancy Classifica	tion:
Project Address:			Assessor's Parcel Nur	mber(s):
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