Land Development

Pre Application Meeting Request Form



APPLICANT DET	AILS:	
	Please note that a \$400.00) fee is now due at the time of submission
Full Name:		
Business Name (if	applicable):	
Address & City:		
		Postal Code:
Bus. Ph:	Home Ph:	Email (required):
I WANT TO APPL	Y FOR A(check <u>all</u> applicable bo	xes)
Zoning Am Developme Developme	ent Variance Permit Commercial or Industrial Use	
PROPERTY INFO		
		of Units and/or Lots (if applicable):
details of any pro Development Perr	posed Development Variances, Off nit Area Guidelines listed in the OCF	ription of your proposed development and/or land use including ficial Community Plan (OCP) Amendments (or deviations from the ?), and Zoning Amendments. Ensure your description includes the ditional pages if you require more space for your description).

SUBMIT THE FOLLOWING ITEMS WITH YOUR FORM:

In addition to submitting this form, you are also req Pre-Application Meeting:	uired to submit the following item	s <u>before</u> the District can schedule your
 Site Plan(s), including: a. lot area dimensions (m2) b. simple elevations (m2) c. location of any watercourses on or near d. location of any known trails (walking, hi If available, you may also provide Develop IMPORTANT: In an effort to avoid unnechand-drawn plans so long as they are co 	iking, biking, etc.) ment Plans. essary professional costs, you m	ay prepare and submit
I understand that I must submit my form with site p	lan(s) before my meeting can be so	cheduled with the District of Squamish.
I have read the District of Squamish <i>Official Commu</i> my proposal is in line with these guidelines, and Application Meeting.		
The information on this form is collected under the used to process your Pre-Application Meeting Reinformation, please contact the Information and Eprivacy@squamish.ca.	equest. If you have any question	ns about the collection and use of this
		DD/MM/YYYY
Full Name of Applicant (please print)	Signature of Applicant	Date
Full Name of Primary Owner (please print)	Signature of Primary Own	DD / MM / YYYY er Date
Email, fax or drop-off this form <u>with</u> y at Municipal Hall, District of Sq		-
	OFFICE USE ONLY:	
Full Name of Planner Assigned:	Date: DD / MM / YYYY	
Confirmed Meeting Date: DD / MM / YYYY	Time:	
Forwarded to (check relevant): \square Engineering	☐ Environment ☐ Other:	
$\hfill \square$ Meeting confirmation has been sent to the App	Clerk Initial:	
Receipt number:	Date: DD/MM/YYYY	