



PRE-APPLICATION MEETING REQUEST FORM

Community Development Department ♦ 80 Columbia Avenue ♦ Marysville, WA 98270
 (360) 363-8100 ♦ (360) 651-5099 FAX ♦ Office Hours: Monday - Friday 7:30 AM - 4:00 PM

FOR AGENCY USE	Date:	File:	Fee: \$			
SITE INFORMATION						
Site Address			APN(s)			
Legal Description (abbreviated)			Section		Township	Range
Comprehensive Plan Designation		Zoning	Approximate Acreage			
	OWNER		APPLICANT		CONTACT	
Name						
Address						
City, State, ZIP						
Phone (home/office)						
Phone (cell)						
E-mail						
PROJECT INFORMATION						
Type of Application	<input type="checkbox"/> Single-family <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Other					
Detailed Description of Proposal						

I certify that I am the owner or owners authorized agent if acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing this pre-application request.

I grant permission for City employees, agents of the City and/or other agency officials to enter the subject property, if necessary, for the purpose of site inspection.

I acknowledge that the focus of the meeting is general in nature, for informational purposes only, and shall not be interpreted as a binding commitment by the City of Marysville or the applicant. I further acknowledge that this application does not vest to existing codes as a result of the pre-application process, and that I will be subject to the existing codes in effect at the time a 'Determination of Completeness' has been made on my formal application.

Owner/Owner's Authorized Agent _____
Date