<u>FOR OFFICE USE ONL</u>	Y
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Application #:_____

Date Received: _____

City of Wasco

Pre-Application Form Please fill in the form below, City Staff will then determine the necessary land use actions necessary to complete your project.

PROPERTY OWNER AND APPLICANT INFORMATION

Applicant Name_			
Phone			
Address			
City		State	Zip Code
Email			
Property Owner_			
Phone			
Address			
City		State	Zip Code
Email			
	PROPER	RTY DESCRIPTIO	
Map #	Township	Range	Section
Tax Lot(s)			
Subdivision Nam	ne		Block
Pre-Application Fo	rm		Page 1 of 2

Lot(s)#	_Zoning
Present Land Use	

PROJECT DESCRIPTION

Describe proposed project_____

PLOT PLAN

Please submit a plot plan showing location, intent, and design of a project. A professional or novice sketch of the project must include but is not limited to:

> Position on the lot Lot dimensions Setbacks Proposed structures Existing structures **Existing easements** Existing fences/height

> > Signature

Proposed fences/height Street names accessing lot **Driveway** location Off-street parking Utilities Flood plain (if applicable) Cut/fill (if applicable)

Please list any specific questions you would like answered by City Staff

Applicant:_____Date:_____

Pre-Application Form

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