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# Pre Review Entitlement Process (PREP)



## KICK OFF MEETING SUBMITTAL FORM

Office Use Only

DATE: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_

LAND: \_\_\_\_\_

**NOTICE:** All materials shall be submitted electronically.

Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Acres: \_\_\_\_\_ Zoning: \_\_\_\_\_

## DESCRIPTION OF PROPOSAL (INCLUDE NUMBER OF LOTS, BUILDINGS, PROPOSED USE, ETC)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTACT INFORMATION

Owner: \_\_\_\_\_ Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Select Billing Contact:**  APPLICANT  OWNER

## AUTHORIZED AGENT

*The undersigned hereby certifies that all information submitted with this application is complete and correct to the best of my knowledge.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_