

File Number: _____



Talbot County Department of Planning and Zoning
215 Bay Street, Suite 2
Easton, Maryland 21601
410-770-8030

Pre-Application Meeting Request

Proposed Project Name: _____

Physical Address of Property: _____

Tax Map: _____ Grid: _____ Parcel: _____ Lot: _____ Size: _____ Zone: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone Number(s): (H) _____ (C) _____ Fax: _____

Email Address: _____

Applicant(s) Agent: _____

Agent's Telephone Number(s): (H) _____ (C) _____ Fax: _____

Email Address: _____

Property Owner: _____

Telephone Number(s): (H) _____ (C) _____ Fax: _____

Email Address: _____

_____ **I would like to receive comments regarding the pre-application meeting via email address listed above.**

A pre-application meeting may be required to determine what process this application shall be reviewed under. In order for reviewing staff to provide you with accurate feedback and timely project placement decisions, submit the following for review:

- _____ Site Plans need six (6) copies and one (1) additional copy if project is located on a State Highway.
- _____ Applicant shall provide a Concept Plan representing the current use(s) of the site, as well as all existing structures and features. The plan should include any landscaping, fencing, signage, well and septic information, building restriction lines, and designated parking, etc. that is located on the site. Existing and proposed lot sizes, dimensions.
- _____ The Concept Plan shall also include proposed use(s) of the site, to include any interior and/or exterior construction activity, as well as, any proposed subdivision or line revisions.
- _____ Floor plans with associated square footage of existing and proposed structures, as well as, the square footage of all existing and proposed uses.
- _____ Any additional information pertinent to the use and/or development activity being proposed.

Brief, but detailed description of project: _____

Please return this completed form with the requested information and a representative of this Office will contact you to schedule a Pre-Application Meeting.

Applicant or Agents Signature: _____ Date: _____

<u>Office Use Only:</u>	
Date Received: _____	Meeting Time: _____
Meeting Date: _____	Date: _____
Health Department: _____	Comments/Conditions: _____
_____	_____
_____	_____