



PROJECT PREVIEW MEETING (PPM) REPORT

APPLICANT:

NAME: _____ DATE: _____

ORGANIZATION: _____ PHONE: _____

EMAIL: _____

ADDRESS: _____

REPRESENTATIVE ATTENDING PPM: _____

PROPERTY INFORMATION:

TAX MAP NUMBER(S): _____

PROPERTY ADDRESS: _____

CURRENT ZONING DESIGNATION: _____

PROJECT INFORMATION:

NATURE OF PROJECT: _____

DATE OF PROJECT PREVIEW MEETING: _____ NUMBER OF ATTENDEES: _____

SUMMARIZE DISCUSSION WITH ATTENDEES: _____

TOP THREE AREAS OF INTEREST OBSERVED AT THE MEETING:

1). _____

2). _____

3). _____



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TOP THREE QUESTIONS RECEIVED AND RESPONSES PROVIDED:

- 1). _____

- 2). _____

- 3). _____

DID THIS MEETING INSPIRE ANY CHANGES TO YOUR PROPOSAL?: _____

ARE THERE ANY ITEMS YOU WOULD LIKE TO DISCUSS WITH STAFF?: _____

ANY OTHER COMMENTS OF NOTE: _____

ADDITIONAL SUPPORTING DOCUMENTS MAY BE ATTACHED.

PLEASE COMPLETE AND RETAIN THIS REPORT AS IT IS A SUBMITTAL REQUIREMENT FOR YOUR PRELIMINARY PLAN APPLICATION. THIS REPORT IS VALID FOR SIX (6) MONTHS FROM THE DATE OF YOUR PROJECT PREVIEW MEETING. IF THIS REPORT EXPIRES OR PROVES OTHERWISE INSUFFICIENT, A NEW PROJECT PREVIEW MEETING WITH NEW PUBLIC NOTICE MAY BE REQUIRED.