



**CITY OF STAFFORD**  
**Planning and Zoning Division**  
2610 South Main Street  
Office: (281) 261-3922 Fax: (281) 261-3939

**PRE APPLICATION MEETING REQUEST**

Discussion with the City Planner and a pre-application meeting is strongly encouraged for all development application types.

**Applicant Information:**

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

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

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

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

**Agent Information:**

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

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

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

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

**Submittal Requirements**

- ☐ One (1) original and one (1) pdf version of the pre-application meeting request and supporting information to be reviewed.

☐ Proposed Project Name: \_\_\_\_\_

☐ Property ID Number: \_\_\_\_\_

☐ Address (or general location) of Subject Property: \_\_\_\_\_

- ☐ It is recommended that proposed plans be submitted along with any previous approved site plans and plats for staff review and input.

☐ Narrative (provide a written narrative describing the proposed request)  
\_\_\_\_\_

☐ Will this meeting be virtual or in person? \_\_\_\_\_

- ☐ Please circle if you would need any of the following departments present in the meeting

Fire      Building      Health

The pre-application meeting request and support documents must be submitted at least seven (7) business days prior to the scheduled meeting or conference. Upon submittal, staff will provide you the date and time of said meeting.