



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.