

Preapplication Conference Application

Intake Date	Tech Initials	Project File #
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Conference Date _____ **Conference Time** _____

Property Address _____ City, State, Zip _____

Project Name (if applicable) _____

Contact Person _____ Phone _____

Address _____ City, State, Zip _____

Email Address _____ Fax _____

Applicant Name _____ Phone _____

Address _____ City, State, Zip _____

Email Address _____ Fax _____

King County Parcel number(s) _____

Project Information

Proposed structure parking new square footage _____

Number of proposed parking stalls _____

Proposed building gross new square footage _____

Proposed number of stories _____

Proposed square feet of office space _____

Proposed square feet of retail space _____

Number of residential dwelling units or lots _____

Number of hotel/motel units created _____

Proposed primary use(s) _____

Site area _____

Construction type (if applicable) _____

All items requested are required to be included with your application. Items may be waived by Development Services review staff. Failure to either provide all items or acquire necessary waivers may result in the cancellation of your conference reservation. **Incomplete submittals will not be accepted.**

I have read the above and understand my application is subject to a completeness check prior to acceptance of my schedule meeting date.

Applicant Signature _____ Date _____