



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Pre-Application Conference Request

PROJECT INFORMATION

Project name: _____

Brief description of proposed project and uses:

SITE INFORMATION

Location (address if available): _____

Tax map and tax lot numbers: _____

Zone: _____

APPLICANT INFORMATION

Name: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Applicant's representative: _____

Phone: _____ Email: _____

This request must be submitted in person at the Permit Center between the hours of 8 a.m. and 4:30 p.m. Monday through Thursday. Pre-application conferences scheduled two or more weeks out from the date the request is submitted. They are one hour in length and are held between the hours of 9 a.m. and 11 a.m. on Tuesdays and Thursdays. If you plan to bring more than four people, please inform the city in advance so that alternate room arrangements can be made to accommodate your group.

REQUIRED SUBMITTAL ELEMENTS

5 SETS of the following:

Detailed description of the project including:

- Proposed buildings or lots,
- Proposed site improvements, and
- Proposed uses.

Site plan

Application Fee

Rev 01/2019

STAFF USE ONLY

Case No: _____ Application fee: _____ Received by: _____ Date: _____

Date of pre-app: _____ Time of pre-app: _____ Planner assigned to pre-app: _____