

PRE-APPLICATION CONFERENCE REQUEST FORM

Project number (for office use) Conference date and time (for office use)				
• • • • •	lines and dimensions pads, driveways, critic	s and showing as much pertinent informal areas (wetlands, streams, steep slop		
	me and date of the co	ally prepared, but should be clear enoug nference, which typically are scheduled		
Proiect Title				
		_Site Parcel Number(s)	Zoning	
Applicant				
		City/State/Zip		
Phone	E-mail			
Property Owner				
		City/State/Zip		
Attorney (if applicable)				
* , ,		City/State/Zip		
City at the time that the pre	-application conferen	presented at the conference by an attorney ithout advance notice, the conference v	for the applicant or the applicant's	
City of Maple Valley 425-413-8800 www.maplevalleywa.gov			22017 S.E. Wax Road, Suite 200 PO Box 320 Maple Valley, WA 98038	

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Project Description:	
Questions:	
pplicant's Signature:	Date: