



Community Development Department
P.O. Box 1579
321 S. Balsam Street
Moses Lake, WA 98837
Tel: 509-764-3750
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BUILDING / LANDUSE PRE-APPLICATION MEETING

New Structures Remodel Addition Change of Use Land Use Permit

Site Address: _____

Parcel Number: _____

Legal Description: _____

Lot size(s)(Acreage or Sq. Ft.) _____

Existing Use of Site: _____

Zoning: _____

PROPERTY OWNER

Check Box If Primary Contact

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

OWNER'S REPRESENTATIVE

Check Box If Primary Contact

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

PROPOSED PROJECT DESCRIPTION

PROPOSAL: Provide a detailed description of the proposed project including, but not limited to, the changes to the site, landscaping and land use.

Proposed name of project (e.g. subdivision) _____

SITE PLAN: A site plan to scale (4copies, 1 reduction), including uses, buffers, open spaces, landscaped areas, parking, structures, trash receptacles, distance to property lines, easements, utilities, hydrant locations, site boundaries, storm water, curb cuts, existing roads and accesses within and bounding the site.

EXISTING SEWER SERVICES:

Gravity: Pressure: Septic System: UNKNOWN:

FOR BUILDINGS ONLY

Occupancy Group: A B E F H I M R S U

Construction Type: Type V A B Type IV A B Type III A B Type II A B Type I A B

Water Meter Size: _____ UNKNOWN
Automatic Fire Suppression System: YES NO UNKNOWN
Fire Alarm System: YES NO UNKNOWN
Proposed Food Service Facility: YES NO UNKNOWN
Square Footage: _____ Number of Stories: _____

Specific questions and issues you wish to have discussed at the Pre-Application Meeting:

To assist staff who will be conducting the Pre-Application Meeting, please list below the names of City staff with whom you have already discussed this proposal, especially in relation to the above questions and issues.

STAFF

DEPARTMENT

*Pre-application Meetings will be scheduled no earlier than one week from the date the required information is submitted.