



## PRE- APPLICATION MEETING REQUEST

|  |  |                 |             |
|--|--|-----------------|-------------|
| Applicant name:  |  | Contact number: |             |
| Email address:   |  |                 |             |
| Nature of the work to be discussed:  |  |                 |             |
| Site location:   |  |                 |             |
| List of attached documents:  |  |                 |             |
| Have you discussed this with anyone at Council prior to completing this application? |  |                 | Yes         |
|  |  |                 | No          |
| If yes, which department/s, and who with:  |  |                 |             |
| Please select:   |  | Commercial      | Residential |
| Applicant signature: (not required if e-mailing form)                                |  | Date:           |             |
| Preferred meeting time:  |  | AM              | PM          |
| <a href="#">Click Send form to Council</a>   |  |                 |             |