



# CITY OF DEBARY PRE-APPLICATION MEETING FORM

You must set up a pre-application meeting **before** submitting your application.  
Please call (386) 668-2040 or fax this completed form to (386) 668-4122.

The following background information is required to schedule a pre-application meeting. GAI staff on behalf of the City of DeBary will use this to research the project site in preparation for the meeting. Although this is the minimal amount of background material required, more information is welcome. Please reference the list of Required/Recommended Pre-Application Materials. Please attach additional sheets or plans as needed.

### APPLICANT

### OWNER

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**My application will be:** (Please check the type of request)

- Final Site Plan    Preliminary Plat    Final Plat    PUD Amendment    Small Scale FLUM
- Rezoning from \_\_\_\_\_ to \_\_\_\_\_    Variance to \_\_\_\_\_
- Special Exception/Conditional Use for a \_\_\_\_\_    Other \_\_\_\_\_

### PROJECT INFORMATION

Tax parcel number(s): \_\_\_\_\_  
Address of parcel: \_\_\_\_\_  
Size of parcel: \_\_\_\_\_ Existing zoning: \_\_\_\_\_  
Future Land Use: \_\_\_\_\_  
Existing Use of Property: \_\_\_\_\_

**You are required / recommended to submit the following with this form:**

- A signed and sealed survey of the property (should be no more than 2 years old)
- Legal description of the subject property, if not on the survey
- A site plan to scale (for Special Exceptions & Variances)
- Written description of the request

Violation(s): \_\_\_\_\_  
 PA Meeting Date: \_\_\_\_\_  
 EMD Required: YES NO  
 N/C Lot Letter Required: \_\_\_\_\_  
 Unrecorded Subdivision: \_\_\_\_\_  
 Other: \_\_\_\_\_

Planner's Comments/Notes: \_\_\_\_\_

Notifications Discussed

Date Submitted: \_\_\_\_\_ Taken By: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.