



**CITY OF ST. CLOUD
REQUEST FOR
PRE-APPLICATION MEETING**

FOR OFFICIAL USE ONLY	
MEETING DATE:	_____
MEETING TIME:	_____

APPLICANT INFORMATION

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Business Name: _____

Business Address: _____

SUBJECT PROPERTY INFORMATION

Address: _____

Parcel ID#: _____

Existing Use: _____

Zoning District: _____

Property Owner : _____

Owner Address: _____

DESCRIPTION OF REQUEST (may be attached, separately)

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE SO THAT STAFF CAN BE PREPARED TO ADDRESS YOUR QUESTIONS.

Please include information regarding:

- Proposed use
- Proposed improvements to building and/or site

SUBMIT WITH THIS FORM

- Copy of survey or sketch of location/building
- Sketch of any proposed improvements
- Any other information that will help in review of the proposal

SUBMIT COMPLETED FORM AND DOCUMENTS TO:

Mail: St. Cloud Planning & Zoning Division, 1300 9th Street, Building A, 1st floor, St. Cloud, FL 34769

Email: planning@stcloud.org

Fax: 407-957-7290

If you have any further questions, please contact the Community Development Department at 407-957-8427.