



**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 Public Services Dept., 1300 9<sup>th</sup> Street, Building A, 2nd floor, St. Cloud, FL 34769**

**Email: dawn.kent@stcloud.org**

**Fax: 407-957-7170**

If you have any further questions, please contact Erin Burnette, Public Services Coordinator, at 407-957-7285.