



Hillsborough County
Florida

**HILLSBOROUGH COUNTY PLANNING & GROWTH MANAGEMENT
PRE-SUBMITTAL MEETING APPLICATION FORM – CONST/SUB ONLY**

Applicant/Owner _____

Telephone Number / Fax Number _____

Project Name _____

Location Address or Cross Roads _____

Parcel(s) Folio Number (**Required**) _____

Section/Township/Range _____ / _____ / _____ Acreage _____

Existing Zoning and Land Use _____

Rezoning # (if planned development) _____

Initial Counseling Date _____ Planner's Name _____

Requested Meeting Date (see schedule): _____

Is Project:

_____ (a) New _____
(Give square footage of proposed impervious)

_____ (b) Addition to Existing Site _____
(Give proposed square footage over existing impervious and/or pervious area)

_____ (c) Modular Building _____
(Give square footage)

_____ (d) Other _____

Is there proposed parking? _____ Yes _____ No

If "Yes", how many spaces? _____ (Spaces)

Any trees (5' DBH or larger) or wetlands within a 50' of the proposed improvement area?

Trees: _____ Yes _____ No

Wetlands: _____ Yes _____ No

Will (Is) proposed (existing) project be (presently) connected to water, wastewater, or reclaimed water?

Water: _____ Yes _____ No City of _____
Wastewater: _____ Yes _____ No _____ County
Reclaimed water: _____ Yes _____ No _____ Franchise

Attach a faxable 8½ x 11 site plan showing locations of existing buildings, parking lots, driveways, curb cuts, and any other proposed structures.

Send to:
Planning and Growth Management
Attn: Brenda Graves
P.O. Box 1110 – 19th Floor
Tampa, Florida 33601
Phone: (813) 272-5845
Fax: (813) 307-4443

For Office Use Only

Scheduled Pre-Submittal Meeting Date: _____