CITY OF ALTAMONTE SPRINGS
REQUEST FOR DRC PRE-APPLICATION CONFERENCE

This application must be completed and submitted by NOON of the first or third Thursday of the month. Incomplete applications will not be processed. If you have any questions, please call 407.571.8150 x8435. All meetings will be scheduled based on space available on the meeting agenda and will be scheduled for one hour.

Property Owner				*Project Engineer (Must Attend Pre-app)			
Firm Name:				**Firm Name:**			
Address:				**Address:**			
City:		**State:**		**City:**		**State:**	
Zip:				**Zip:**			
Phone: ( )				**Phone: ( )**			
Fax: ( )				**Fax (Required): ( )**			
Contact Person:				**Contact Person:**			

***The Project Engineer is considered the project manager for this application and will receive all correspondence from the City related to this Pre-Application Conference.**

Project Information
Project Name:
Project Address or Location:
County Property Appraiser a. _____-_____-_____-_____-_____-_____ **Tax Parcel ID Number(s):** b. _____-_____-_____-_____-_____-_____ **SUBMIT WITH THIS FORM seven (7) sets of each of the following:** 1. *A complete legal description;* 2. *Boundary survey OR a concept plan which shows appropriate information as to allow staff to evaluate the site, its important features, all surrounding properties, existing improvements including utility information (if available), and the site's compatibility with the proposed uses(s);* 3. *Vicinity map showing the relationship of proposed development to surrounding streets at a scale of at least 1" = 2,000', and* 4. *Written description of the development proposal.*

Existing Site Information			
Current Future Land Use Designation:	_____		
Current Zoning Designation:	_____		
Is this property in an Activity Center?	__ Yes	__ No	**Name:** _____
Is this property in a DRI?	__ Yes	__ No	**Name:** _____

For Office Use Only Date Stamp:

Meeting Scheduled for -

Date: _____/_____/_____Time _____:____

Application Status: Complete___Incomplete___ Received By:_____Time Received: _____

Type and Scope of the Proposed Development			
Existing Use(s) *(indicate any SF or DU to be demolished)*:	DU or SF:	Acres:	DU/Acre or Floor Area Ratio:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Proposed Use(s):			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trip Generation Information			
Existing Use(s):	Units:	ITE Code:	Number of Average Daily Trips (ADTs) per use:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Number of ADTs – Existing: _____			
Proposed Use(s):	Units:	ITE Code:	Number of Average Daily Trips (ADTs) per use:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of ADTs – Proposed: _____ **Will this project be developed in phases? ☐ Yes ☐ No**

Net New ADTs (existing ADTs minus proposed ADTs): _____

Overall Project ADTs: _____

Trip generation information shall be based on the latest edition of the *ITE Trip Generation Manual*.

Contract Purchaser or Developer (Must Attend Pre-app)				**Other** _____			
Firm Name:				Firm Name:			
Address:				Address:			
City:		State:		City:		State:	
Zip:				Zip:			
Phone: ( )				Phone: ( )			
Fax: ( )				Fax: ( )			
Contact Person:				Contact Person:			

ADVISEMENTS

1. *You must schedule and attend a pre-app conference with staff at least four weeks prior to the site plan submittal date.*
2. *Your completed Pre-Application Conference Form must be received in the Growth Management Department by 12:00 NOON of the first or third Thursday of the month.* ***Incomplete forms will be returned.***
3. *The Developer's Guide is available on the City's website which outlines the City's development review process and has all the forms required for site plan submittals.* www.altamonte.org .
4. *If your total project will generate more than 50 net new Average Daily Trips (ADT), a Traffic Impact Analysis (TIA) report is required to be submitted with the site plan. The applicant and a traffic engineer (registered in the State of Florida) must schedule and attend a TIA methodology meeting prior to the submittal of the TIA report and site plan. Such meetings, if required, are the applicant's responsibility to schedule and should be scheduled at the earliest date following the pre-application meeting.*

Signature: _____ **Date:**____/____/____

Print Name: _____ **Owner** ___ **Applicant** ___ *(Check Appropriate Line)*