



## Washoe County Pre-Application Information Sheet

Please complete the following and submit along with a site and/or project photo to [Planning@washoecounty.gov](mailto:Planning@washoecounty.gov) Your pre-application meeting will be scheduled after receiving all materials. It is our goal to schedule you for a meeting at the next available date and within 1 month of receiving the application.

### General Project Information

|   |         |        |
|---|---------|--------|
| Proposed Project Name:                  |         |        |
| Proposed Project Address:               |         |        |
| Number of Lots:                         | APN(s): |        |
| Regulatory Zone:                        |         |        |
| Total Acreage and Avg. Acreage Per Lot: |         |        |
| Developer / Business:                   |         |        |
| Project Contact Name:                   |         |        |
| Phone:                                  |         | Email: |

### Neighborhood Meeting HUB Contacts (2 max): *Will have access to upload documents to the HUB site.*

|                  |           |
|------------------|-----------|
| Contact Name #1: | Email #1: |
| Contact Name #2: | Email #2: |

Please visit our regional mapping system for general site information at: <https://gis.washoecounty.us/wrms>

|  |   |
|--|---|
| <b>Type of Development Application (Check all that apply):</b> |   |
| <input type="checkbox"/> New Construction / Development        | <input type="checkbox"/> Manufacturing / Commercial |
| <input type="checkbox"/> Infrastructure Project                | <input type="checkbox"/> Residential Construction   |
| <input type="checkbox"/> Expansion of a Current Use / Building | <input type="checkbox"/> Other                      |

### Describe your project. For example, what are your current goals, what are you looking to do in the future, are there related projects on the property or neighboring properties?

### Please list your top 4 Key Questions:

**Please provide name(s) of the staff members that you have met with, the date of your meeting and additional follow up questions (is any) for that team member:**

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**Key Project Information**

|  |  |
|--|--|
| List Previously Approved Site Applications/Permits ( <i>if applicable</i> )  |  |
|  |  |
| What is your target date for initiating the project?   |  |
| Are you planning to phase construction?  |  |
| Will there be use or disposal of potentially hazardous materials such as toxic substances, flammables or explosives? |  |
| Will grading be required?  |  |

**Key Project Site Information**

|   |  |
|---|--|
| Does the site currently have existing water and sanitary sewer services (Yes/No)? |  |
| Name of the Water Provider and Sewer Provider ( <i>if applicable</i> ):           |  |
| Is there septic on site (Yes/No)?   |  |
| Is there a well on site (Yes/No)?   |  |

**For Washoe County CSD – Planning Use Only:**

|  |  |
|--|--|
| What Commission District is the proposed project in: |  |
|--|--|