

FNA Zoning Committee

Preliminary Project Information

Committee Meeting Date:

Overview	
Project Address	
Are you the current property owner?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Option to buy
Developer Name/Contact	
Lawyer Name/Contact (if applicable)	
Architect Name/Contact (if applicable)	
Property's Current Zoning	
ZBA Refusal ?	<input type="checkbox"/> No <input type="checkbox"/> Yes Date:
Next ZBA Date	Calendar Number:
Details	
Brief Project Description	
Brief Description of Variance/Ordinance Sought	
Other Properties: please give a brief description (including addresses) of other properties you have developed.	
Committee Use Only	
FNA ZC Project Manager	
Next Meeting Date & Time	
Next Meeting Type	<input type="checkbox"/> Informational <input type="checkbox"/> Neighbors <input type="checkbox"/> Community
Documents Provided	<input type="checkbox"/> Plans <input type="checkbox"/> Refusal <input type="checkbox"/> Other: