Pre-Application Conference

CITY OF OVIEDO
400 Alexandria Boulevard
Oviedo, Florida 32765

Phone: (407)971-7777
Fax: (407)971-5819

Pre-Application Meeting Date: _____

If exempt under FS119.071 or FS493.6122 or FS741.45 please fill out the Request for Redaction of Exempt Personal Information from Public Records form

(LIMITED TO 30 MINUTES)

Thank you for calling to set up a Pre-Application Conference. The Pre-Application Conference is a non-binding meeting and may be scheduled for all site development order applications. The purpose of the Pre-Application Conference is to provide potential applicants an opportunity to discuss conceptual development and determine applicable information requirements.

In order for the City Department personnel who will be attending the Pre-Application Conference to be better prepared to answer questions about your project during the conference, we ask that you provide the information requested on the form below. Submit the filled out form to nangel@cityofoviedo.net. We will call you to schedule you for the next available meeting date and time. We also ask that you provide (via email) any additional plans or documentation you have available at this time that will be beneficial in explaining what it is you would like to discuss at the Conference. We will look forward to meeting with you soon!

Name of Owner/Applicant: _____

Phone No.: _____ **Fax No.:** _____

E-Mail Address: _____

Site Street Address: _____

Intersection: _____

Parcel Identification No.(s) (see: https://scpafl.org/RealPropertySearch) _____

What is the current use for this site? _____

What is the use of existing structure(s) on site? _____

What is it that you want to do with this site? _____

_____

_____

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No. of stories/proposed height of building(s): _____

What is the Site Acreage?: _____

Dimensions of Site (Frontage & Depth): _____

What is the Square Footage of the current building(s) on the site?: _____

If available, please submit an advance set of plans that show your proposed project? _____

Please provide any additional information that will help Staff understand your project : _____

Residential	SFR – No. Units		MF – No. Units	
Restaurant	No. Seats (Outside + Inside)		Type (Fine/ Casual/ Etc…)	
School / Day Care	No. Children			
Medical Facility	No. Doctors		No. Employees	
Office Building	Square Footage		No. Employees	
Beauty/ Nail Salons	No. Service Chairs			
Retail / Commercial	Square Footage			
Other				
Wetlands Information				

FOR CITY USE ONLY:
Current Zoning: _____ **Future Land Use:** _____

	Yes	No		Yes	No
Change of Use?	____	_____	**Remodel?**	____	____
Change of Occupancy?	____	_____	**New Construction?**	____	____
Exist. Structure On Site?	____	_____	**Change of Use of Bldg?**	____	____

If you have questions related to this form please call the Development Review Manager (407) 971-7777.