



CITY OF BRIGHTON
Community Development/Planning Department

**Request for Pre-Application Meeting for a Proposed Conditional
Zoning Amendment**

General Information:

Name of Proposed Development: _____

Site Location: Land is Located (circle one) N S E W of _____ Road
Between _____ and _____ Roads

Parcel(s) tax ID number(s): _____

Net Acreage of site: _____ Current Site Zoning: _____

Project Representative/Developer Information:

Contact Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Project Representative's Signature: _____

Project Representative's Printed Name: _____

Email: _____

Attachments Required:

1. Four copies of a location map indicating all parcels affected
2. Four copies of a conceptual layout plan for the development
3. Three copies of a list of proposed conditions and restrictions

Return pre-application with attachments to:

Community Development Department
200 N. First Street
Brighton, MI 48116
810-225-9251

