29799 SW Town Center Loop East
Wilsonville OR 97070
Phone: 503.682.4960 Fax: 503.682.7025
Web: www.ci.wilsonville.or.us

Planning Division
Pre-Application Meeting Request

File No. _____

Note: Pre-application meeting will not be scheduled until the Planning Division staff receives the required fee and plans

Property Owner:

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Authorized Representative:

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Property Owner's Signature (Required):

_____ Printed Name: _____ Date: _____

Property Description

Property Address (if available): _____

Location Description (if address not available): _____

_____

Legal Description: T3S-R1W Map _____ Tax Lot(s) _____ County: ☐ Clackamas/ ☐ Washington

Project Type:

☐ Residential ☐ Commercial ☐ Industrial ☐ Other: _____

Project Description:

_____

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