

DEVELOPMENT ASSISTANCE TEAM
Preliminary Project Information Sheet
Fax No. (816) 513-2892

You can type on this form. Click on the first line and type, Click the Tab Key to continue to the next line. Complete the form, print and fax or mail. (Note: you can not save the completed form unless you have the full version of Acrobat.)

1. Name _____ Date _____
2. Company _____ Phone () _____
Address _____
3. Architect/Engineer Name _____
4. Company _____ Phone () _____
Address _____
5. Project Name _____
6. Project Description (attachment if needed) _____

7. Project/Site Location/ Boundaries _____

8. Building Description: Use _____
No. of Stories _____ Gross Sq. Footage _____ Construction Type _____
9. Lot Area: Acres _____ or Sq. Footage _____
10. Estimated \$Value of Project _____
11. Current No. of Employees in K.C. MO _____
12. Projected No. of Employees in K.C. MO when project completed _____
13. Anticipated Construction Start Date _____ Anticipated Occupancy Date _____
14. Site Plan Provided (15 copies) _____ Faxed _____
15. Previous Contact with City: Name _____
Department _____ Date _____
16. Requested Date of Development Assistance Team Meeting _____
17. Specific Questions Related to the Development of your Project: (attachment if needed) _____

To Be Completed by City Staff:

18. KIVA PIN Number(s) _____
19. Present Zoning District _____
20. Prior Zoning Case (s) _____, _____, _____
21. Platted: Yes _____ No _____
22. Councilmanic District _____
23. Scheduled Date of Development Assistance Team Meeting _____ Time _____
24. Development Assistance Team Project No. 2004 _____