

**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 \_\_\_\_\_