

**Town of Dallas
Application for Sketch/
Preliminary Site Review**

Date of Application _____

Applicant's Name : _____

Applicant's Address : _____

Contact Phone # _____ **Email:** _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Location : _____

Tax Map _____ **Parcel #** _____

Existing Zoning District: _____

Residential _____ **Single-Family** _____ **Multi-Family** _____

Commercial _____

Industrial _____

Other _____ **Comment:** _____

Fee Amount: \$ _____

Owner(s) or Representative Name: _____

Signature: _____

Date: _____

Date Accepted* for Review: _____

Accepted by: _____

Development Services Director

*

**Accepted means all required information, materials,
and fee paid are complete for review.**