



County of Imperial
Planning & Development Services
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Project Review and Pre-Application

Date Submitted: _____

Applicant (who is financially responsible): _____

Project Name: _____

Assessor's Parcel Number: _____

Project Location & Brief Description:

Name, Address and Phone Number to contact for revisions and/or approval:

Office Use Only

Planner: _____

Date Routed: _____ Date: _____