Request for Pre-Planning Meeting

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**Applicant Name:**

**Agent Name :**

**Address:**

 **Contact Number:**

**Location of Development:**

**Proposed Development:**

**Legal Interest in Property:**

 **(Owner, Prospective Purchaser etc.)**

**Note: A Site Location Map must be submitted.**

**This map can be produced at the counter of the Planning Customer Service Unit, County Hall, Carricklawn, Wexford.**

**Opening Hours: 9 a.m. to 1 p.m. and 2 p.m. to 4 p.m.**

**Phone: 053 9196101. Email:** **preplanning@wexfordcoco.ie**

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**Personal information (Remove from file if attaching to Planning Application):**

**Applicant Address:**

**Applicant Telephone No:**

**Applicant Email Address**