



Pre-Submittal Meeting Application

t.801/423-2300 | f.801/423-1443 | email staff@elkridgecity.org | web www.elkridgecity.org

This application is not a guarantee a meeting will be scheduled. The meeting will take place if deemed necessary by the city planner and staff. The fee for the pre-submittal meeting is determined by the city fee schedule and must be paid before the meeting takes place.

PROJECT DESCRIPTION / ENGINEERING INFORMATION

PROJECT DESCRIPTION

Project Name: _____

Address: _____

Proposal: _____

Current Zoning: _____ *Additional pages may be attached for further explanation.

ENGINEERING FIRM INFORMATION

Firm Name: _____ Phone: _____

Engineer Name: _____ Cell: _____

Address: _____ Fax: _____

City: _____ State: _____ ZIP: _____ email: _____

APPLICANT / AUTHORIZED AGENT INFORMATION / SIGNATURES

OWNER INFORMATION

Name(s): _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ ZIP: _____ Fax: _____

email: _____

APPLICANT OR AUTHORIZED AGENT INFORMATION

Name(s): _____ Phone: _____

Address: _____ Cell: _____

City: _____ State: _____ ZIP: _____ Fax: _____

email: _____

SIGNATURES

Owner(s): _____ Date: _____

Applicant(s): _____ Date: _____

SUBMITTAL INFORMATION (filled in by staff)

Received by: _____ Date: _____

Fee amount paid: _____ Date: _____

Pre-Submittal Meeting Date: _____