



City of Ellisville

One Weis Avenue
Ellisville, MO 63011
(636) 227-9660 FAX: (636) 227-9486

PRELIMINARY/CONCEPTUAL MEETING REQUEST

(please type or print)

**ALL APPLICABLE SECTIONS OF APPLICATION MUST BE COMPLETE.
ANY PLANS SUBMITTED WITH THIS APPLICATION MUST BE FOLDED TO
APPROXIMATELY 8 ½ x 11 or 8 ½ x 14 IN SIZE.**

PART A: PARTIES OF INTEREST

Name and Title of **APPLICANT**: _____

Address: _____

Phone Number: _____ Email: _____

Name of Property Owner(s) - if different than above: _____

Address: _____

Phone Number: _____ Email: _____

PART B: SITE DESCRIPTION

Legal Address of Property: _____: _____ Locator No.: _____

Lot No.: _____ Block No.: _____ Current Zoning: _____

Current Use of Site: _____

Briefly describe the project or proposed use: _____

PART C: MEETING REQUEST

I request a meeting with the: _____ **MAYOR** _____ **COUNCIL MEMBERS OF DISTRICT #** _____

Date Requested: _____ Date Scheduled (for staff use): _____

Time Requested: _____ Time Scheduled (for staff use): _____

PART D: AUTHORIZATION

Signature of Applicant (Required): _____ *Date:* _____

Signature of Property Owner (Required): _____ *Date:* _____