CARROLL COUNTY DEVELOPMENT REVIEW DIVISION PRE-SUBMITTAL CONFERENCE FORM

A scaled plan/sketch of the proposed project must be submitted with this form.

Once section B is complete, email the form and plan/sketch to DevelopmentAdmin@carrollcountymd.gov

A. MEETING INFOR	RMATION - TO BE COMP	LETED I	BY BDR	STAFF			
Conference Date & Time:				County Project Manager:			
Conference Location:			County File Number:				
In Attendance:							
B. PROJECT INFOR	MATION - TO BE COMPI	LETED B	Y SURV	EYOR/ENGIN	EER		
Project name:				T			
Project Type: □Subdivision □Amended Plat □Site Plan				Municipality:	unicipality:		BZA #:
Project location:	1						
Election District:	Commissioner District:	Map:	Block:	Parcel:	Tax Acc	ount ID:	
Property owner name & phone number:							
Mailing address:							
Email:							
Developer name & phone number:							
Mailing address:							
Email:							
Surveyor/engineer com	pany name & phone number:						
Mailing address:							
Contact name, extension, & email:							
C. DEVELOPMENT INFORMATION - TO BE COMPLETED BY BDR STAFF							
Project Description:							
Property History/Off Conveyances:							
Access:				Planned Major Streets:			
Water/Sewer:				Within Airport Boundary: □Yes □No			
Building Elevations:				<u>, </u>			
Lighting:				Signage:			
Concurrency Management: □Yes □No				County TRC/PZC Meetings: □Yes □No			
Notes:							