PDMR
3/25

Application for

Pre-Development Meeting Request

City of Rockville

Department of Planning and Development Services

111 Maryland Avenue, Rockville, Maryland 20850
Phone: 240-314-8200 • **Fax:** 240-314-8210 • **E-mail:** pds@rockvillemd.gov • **Website:** www.rockvillemd.gov

Please Print Clearly or Type

Property Address Information_____

Tax Account(s)_____Tract Size_____ Dwelling Units_____ Other_____

Previous Approvals: (if any)

Application Number _____Date _____Action Taken_____

_____

Applicant Information

Please supply name, address, phone number and e-mail Address for each.

Applicant _____**Phone**_____**Email**_____

Address_____

Property Owner

Name_____**Phone**_____**Email**_____

Address_____

This meeting is intended to give developers, applicants, staff and other interested parties an overview of what is involved in processing development application and to ensure accurate, complete and timely application review for the proposed project.

STAFF USE ONLY
Application Acceptance

Pre-Development Meeting Date_____ Date Received_____

Reviewed by: _____Staff Contact: _____

Proposed Project Description and scope of work Narrative
(Please attach a separate page if needed)

Describe any specific questions you would like to have answered by the staff.
(Please attach a separate page if needed)

I hereby understand that the comments provided by staff at the pre-development meeting are preliminary; additional concerns may be raised during the review process. I understand and agree that any discussion taking place with regards to this meeting request are for informational purposes only and is not intended to be an application for development to the City of Rockville. I am not making an application, request for provision of services, or seeking a commitment or agreement by the Planning and Development Staff/Project Planner.

_____

Please sign and date

.