



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: COST/BENEFIT DATA (ALL INFORMATION PROVIDED WILL BECOME A MATTER OF PUBLIC RECORD)

Description	Quantity	
	Existing	Proposed
Property value:		
Property tax to the City:		
Property tax to the School District:		
Property tax to the Fire District:		
Adjacent property values:		
Retail sales tax generated:		
Maintenance cost to the City (new street/trail/park maintenance, additional police services, trash/recycle service):		

Type of business:	# similar businesses already existing in the City:
Does the project compete with other existing uses in the City:	To what degree (qualitative and quantitative):
Will project result in loss of retail sales tax revenue from other businesses in the City?	Project potential loss:

PART D: 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 E: AUTHORIZATION

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

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