

Application Number _____
(Applicant leave blank)

MONTGOMERY COUNTY
ROADS AND BRIDGES DEPARTMENT
APPLICATION FOR PRELIMINARY TRAFFIC IMPACT STUDY/SCOPING
REVIEW/MEETING REQUEST
(January 2017)

Applicant & Title _____
Signature _____ Daytime Phone _____
Address _____
City _____ State _____ ZIP _____
Email address _____ [for review correspondence and permit updates]

Applicant's Representative & Title _____
Signature _____ Daytime Phone _____
Email address _____ [for review correspondence and permit updates]

Location of proposed work, including municipality and nearest existing cross street: _____

Description of proposed work: _____

Applicant is a(n): Individual Municipality Partnership
 Corporation organized and existing under the laws of _____

Note:

- **Applicant will be responsible for paying all consultant fees associated with this application**
- **Valid for 2 years from approval; subject to additional review and application fee(s) beyond 2 years**

FOR MONTGOMERY COUNTY USE

Approved by _____ Date approved _____

County Processing Fee \$ _____ Consultant Fees \$ _____

Total Fees \$ _____