

## Code Amendment Application t.801/423-2300 | f.801/423-1443 | email staff@elkridgecity.org | web www.elkridgecity.org

PPLICANT INFORMATIO	N		
Name:			Phone:
			Cell:
City:	State:	ZIP:	Fax:
			email:
SIGNATURE:			Date:
ATURE OF CODE CHANG	jE		
Explain the need for the request	to amend the code.		
Submit on a separate paper the r	proposed new code. If am	ending current co	de, strike out any portions of the code
proposed to be deleted and under			
EXT STEPS			
Once a complete application, pro	nacad amandment and a	ada amandmant	foo are submitted.
<ul> <li>Staff reviews submittal items for</li> </ul>			
Incomplete submittals shall be	returned to the applicant		
<ul> <li>Amendments to the Municipal</li> </ul>	Code will go to the city co	ouncil for review a	nd action.
			<b>•</b> • • • • • •
		anning commissio	n for review and recommendation.
<ul> <li>Amendments to the Developm Planning Commission recomm</li> <li>City council meet the 2<sup>nd</sup> and 4</li> </ul>	endation is forwarded to t	anning commissio	

SUBMITTAL INFORMATION (filled in by staff)				
Received by:	Date:			
Fee amount paid:	Date:			
Complete application and check list verified by:	Date:			