



Pikes Peak Regional Building Department

2880 International Circle
Colorado Springs, Colorado 80910
Telephone: (719) 327-2880

PRE-SUBMITTAL CONSULTATION REQUEST FORM

PROJECT NAME: _____

PROJECT DESCRIPTION: _____

PROJECT ADDRESS & TAX SCHEDULE NUMBER: _____

INDICATE THE SPECIFIC DISCIPLINES REQUESTED TO BE PRESENT AT THE PRE-SUBMITTAL CONSULTATION
(MARK BOX WITH X)

- Construction
 Mechanical
 Plumbing
 Electrical
 Enumerations/Floodplain

ESTIMATED DURATION OF PRE-SUBMITTAL CONSULTATION: _____ hour(s)

FEE IS \$50 PER HOUR PER DISCIPLINE REQUESTED

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY CONTACT: _____ PHONE #: _____

EMAIL: _____

PERSON REQUESTING PRE-SUBMITTAL CONSULTATION: _____
(Guarantor of Payment for Pre-Submittal Consultation)

DESIGN PROFESSIONALS IN ATTENDANCE (IF APPLICABLE)

NAME	DISCIPLINE	COMPANY	FAX	EMAIL

SIGNATURE OF GUARANTOR: _____ DATE _____

PLEASE NOTE: THIS REQUEST FOR PRE-SUBMITTAL CONSULTATION IS NOT GUARANTEED AND IS SUBJECT TO STAFF AVAILABILITY AND APPROVAL BY THE CHIEF OF PLAN REVIEW.

(THIS SECTION IS FOR INTERNAL USE ONLY)

DATE OF REQUEST: _____	Request Approved	Request Denied
Estimated Consultation Fee: \$ _____		
PRINT NAME: _____	TITLE: _____	
SIGNATURE: _____	DATE: _____	