Print Form

CAPTIAL IMPROVEMENT PROGRAM PROJECT

SUBMITTAL APPLICATION
ENGINEERING DEPARTMENT

ASSIGNED CITY OF PEORIA PROJECT MANAGER:

DEPARTMENT:

PROJECT NUMBER(s):

SOLICITATION NO./CONTRACT NO.:

PROJECT NAME:

ADDRESS/LOCATION:

CONSULTANT INFORMATION - REQUIRED

CONSULTANT:

CONTACT NAME: E-MAIL:

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE NUMBER (s):

SUBMITTAL INFORMATION - REQUIRED

TYPE OF PROJECT	No.	SUBMITTED DOCUMENTS	ROUTE TO:	CONTACT
☐ Streets			☐ Traffic	
☐ Storm Drain			☐ Utilities	
☐ Traffic Control			☐ Public Works	
☐ Facilities			☐ Community Services	
☐ Water			☐ Materials Management	
☐ Wastewater			☐ Public Information Officer	
☐ Parks			☐ Other	
☐ Other				

OUTSIDE AGENCIES	CONTACT

AS-BUILTS: ☐ Redlines ☐ 4 Mil Mylars ☐ CD

☐ Cover Sheet For Signature

Applicants Signature: Date: