



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

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Phone 301.495.4550
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ADMINISTRATIVE SUBDIVISION PLAN

Initial Application Final Application

| M-NCPPC Staff Use Only | | | |
|---------------------------------|---------|------------------------|-------|
| File Number | 6 _____ | Fee (attach worksheet) | _____ |
| Date Application Accepted | _____ | Fee Received by | _____ |
| NRI/FSD File No., if applicable | 4 _____ | DRC Meeting Date | _____ |
| | | MCPB Hearing Date | _____ |

An application will not be accepted for review unless all required information and fees are provided. If an item requires more space, attach a separate sheet.

Proposed Subdivision Name: _____ Acres _____ (sf / 43,560)

200 scale Base Map # _____ Tax Map # _____ Special Protection Area _____

Property Tax Account Number(s) associated with the plan (8 digits)

A. _____ B. _____ C. _____ D. _____ E. _____
 F. _____ G. _____ H. _____ I. _____ J. _____

Location: (Complete either A or B)

A. On _____, _____ feet _____ of _____
Street Name (N,S,E,W etc.) Nearest Intersecting Street

B. _____ quadrant, intersection of _____ and _____
(N,S,E,W etc.) Street Name Street Name

Subdivision Information: (Complete either C, if located within a recorded subdivision, or D)

C. Lot _____ Block _____ Subdivision _____

D. Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____

Applicant Team (Enter all that apply and submit separate supporting documentation as necessary)

Primary Contac (Person who will be the primary contact and point person for future electronic review process.)

Company Name Contact Person

Street Address

City State Zip Code

Telephone Number ext. Fax Number E-mail

Owner

Company Name Contact Person

Street Address

City State Zip Code

Telephone Number ext. Fax Number E-mail

Owner's Representative

Company Name Contact Person

Street Address

City State Zip Code

Telephone Number ext. Fax Number E-mail

Contract Purchaser

| | | | | | | | |
|------------------|------|------------|--------|----------------|--|----------|--|
| Company Name | | | | Contact Person | | | |
| Street Address | | | | | | | |
| City | | | State | | | Zip Code | |
| Telephone Number | ext. | Fax Number | E-mail | | | | |

Engineer or Surveyor

| | | | | | | | |
|------------------|------|------------|--------|----------------|--|----------|--|
| Company Name | | | | Contact Person | | | |
| Street Address | | | | | | | |
| City | | | State | | | Zip Code | |
| Telephone Number | ext. | Fax Number | E-mail | | | | |

Attorney

| | | | | | | | |
|------------------|------|------------|--------|----------------|--|----------|--|
| Company Name | | | | Contact Person | | | |
| Street Address | | | | | | | |
| City | | | State | | | Zip Code | |
| Telephone Number | ext. | Fax Number | E-mail | | | | |

Development Information: (See attached Submission Requirements, section 5)

| Zoning | Overlay Zone | Acres | Development Type Code | On the Ground Built Resid'l du / Comm'l sf | Previously Approved Resid'l du/ Comm'l sf | Retained Resid'l du/ Comm'l sf | Proposed Resid'l du/ Comm'l sf | * | MPDUs | Other Affordable Housing Du | Age Rest. Housing du | Senior Housing du |
|---|--------------|-------|-----------------------|--|---|--------------------------------|--------------------------------|---|-------|-----------------------------|----------------------|-------------------|
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| | | | | | | | | | | | | |
| Total plan acres | | | Total Resid'l | | | | | | | | | |
| | | | Total Comm'l | | | | | | | | | |
| * Maximum number of dwelling units allowed by zoning ↑ (make only one entry per zone) | | | | | | | | | | | | |

Total Number of Proposed Development Lots/Parcels _____
 Total Number of Proposed Outlots _____ Total Number of Proposed Non-Development Parcels _____
 Total Square footage of Areas Dedicated to Public Use: _____

Supplementary Information:

Are there any legal restrictions applicable to this property other than those shown on this plan?* Yes No
 If yes, please describe (attach supplemental information, if needed): _____

*NOTE: MNCPPC does not enforce private easements or any other private legal agreements, but they should be noted in the application.

Previous Plan Submittals: (enter information, if applicable)

| | |
|-------------------------------|----------------------|
| Zoning case | Case No. _____ |
| Development Plan/Schematic DP | Case No. _____ |
| Special Exception | Case No. _____ |
| Variance | Case No. _____ |
| NRI/FSD (if applicable) | File Number 4- _____ |
| Pre-Application Submission | File Number 7- _____ |
| Project Plan | File Number 9- _____ |
| Sketch Plan | File Number 3- _____ |
| Preliminary Plan | File Number 1- _____ |
| Site Plan | File Number 8- _____ |

If property contains recorded lots, enter M-NCPPC record plat book & page _____ - _____

Has the applicant had any pre-submission meetings with M-NCPPC staff? Yes No

Name of Staff: _____ Date of meeting(s): _____ (Submit meeting minutes document.)

Is the property in the Locational Atlas and Index of Historic Sites? Yes No

Is the property in the Master Plan for Historic Preservation? Yes No

Is the property within a school cluster in moratorium under the current Subdivision Staging Policy? Yes No

Waiver(s) requested, if any Yes No (Identify code section and address in a separately provided Statement of Justification)

Existing Sewer and Water Categories:

Existing Service Category: Sewer _____ Water _____

Pending Service Category: Sewer _____ Water _____

Proposed Sanitary Systems: Public Water Public Sewer Well Septic

Applicant hereby certifies that he/she is the sole owner of the subject property, is otherwise legally authorized to represent the owner(s) (written verification provided), or is a contract purchaser authorized to submit this application by the property owner (written verification provided). Applicant hereby acknowledges that the 90-day time allotted for review by the Planning Director, as set forth in Section 50.6.3.B.3 of Chapter 50, will not commence until final plan drawings and all supporting information necessary for a decision on the subject application is provided to the Montgomery County Department of Planning so that it can be referred to the appropriate agencies for final comment.

Signature of Applicant (Owner, Owner's Representative or Contract Purchaser)

Signature

Date

Name (Type or Print)

Checklist

See Submission Requirements for more details about the items below:

Initial Applications: submit only 1 copy of relevant items below

1. General Information

- 1.1 Complete application form and checklist
- 1.2 Complete fee schedule and worksheet
- 1.3 Reference to previously approved plan application numbers on the application form, if applicable
- 1.4 Certificate of Compliance attesting that the application conforms to all applicable federal, state and local laws and regulations
- 1.5 Statement of Justification

2. Outreach Information

- 2.1 Notice List prepared in conformance with the Manual of Development Review Procedures
- 2.2 Draft Application Notice Letter
- 2.3 Sign Posting Information

3. Required Plan Drawings

- 3.1 Administrative Subdivision Plan drawing (folded copies)
- 3.2 Proposed Forest Conservation Plan (FCP) or FCP Exemption Letter
- 3.3 PDF Image of Application Items

4. Supporting Functional Information/Drawings *(May be submitted with any Administrative Subdivision Plan Submission, but must be submitted in the circumstances noted in the instructions):*

- 4.1 Approved Natural Resources Inventory/Forest Stand Delineation (NRI/FSD)
- 4.2 Proposed Stormwater Management Concept Plan
- 4.3 Fire Department Access Plan
- 4.4 Storm Drain Analysis Drawing and Calculations
- 4.5 Traffic impact statement or study
- 4.6 DOT Review Receipt
- 4.7 Site Distance Evaluation Form
- 4.8 WSSC Receipt

5. Potential Items

- 5.1 Tree Save Plan Drawing
- 5.2 Landscape and Lighting Plan Drawing
- 5.3 Justification for Tree Variance
- 5.4 Minutes from any Pre-submission meeting with staff
- 5.5 Legal Restrictions Information
- 5.6 Road Grades (Tentative Street Profiles)
- 5.7 SPA Water Quality Plan: Impervious Surface Drawing

| No. Copies | Engineer/ Surveyor | M-NCPPC Staff |
|------------|------------------------|--------------------------|
| | Submitted or Waived By | Accepted or Not Accepted |
| 1 | | |
| 1 | | |
| | | |
| 1 | | |
| 35 | | |
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| 1 | | |
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The engineer, surveyor or plan preparer hereby certifies that all required information for the submission of a pre-application concept plan has been included in this application, and that to the best of his/her knowledge, information, and reasonable belief, the information and data are accurate.

Signature of Engineer, Surveyor or Plan Preparer (check applicable)

Signature

Date

Name (Type or Print)