

Montgomery County Planning Department

Maryland-National Capital Park and Planning Commission

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Silver Spring, Maryland 20910-3760

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Effective: June 1, 2012

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	M-N	CPPC Staff U	se Only			
File Number Date Application Received DRC Meeting Date	Fee Re	Fee Received by MCPB Hearing Date				
An application will not be accepted	d for review unless all required in	formation and fee	es are provided. I	f an item requires r	nore space, attach	a separate sheet.
Plan Name:				Acres	Sq. Ft.	
200 scale Base Map #						
Property Tax Account Numb	er(s) associated with the	plan (8 digits	s)			
A B.	C		D		_ E	
F G.						
Location: (Complete either	A or B)					
A. On	, 	,fe	et	of		
	Street Name		(N,S,E,W e	tc.)	Nearest Intersed	cting Street
3 quadrant, inte	ersection of			_ and		
(<i>N,S,E,W etc.</i>) Subdivision Information: (C. Lot						
D. Parcel Liber	· · · · · · · · · · · · · · · · · · ·		_			
Name Street Address		Con	tact Person			
City			Ste	ate		Zip Code
Telephone Number ext.	Fay Number	E-mail				
Owner (If Applicant is a repr		rchaser, list	owner here)			
Name		Con	tact Person			
Street Address						
City			Sta	ate		Zip Code
Telephone Number ext.	Fax Number	E-mail				

Supplementary Information:							
Justification statement for the requested approval: Attached							
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):							
*MNCPPC does not enforce easements and any other private legal agreen	nents.						
Has the applicant had any pre-submission meetings with M-NCPPC staff?		☐ Yes	☐ No				
Name of Staff:Date of meeting(s):(Su			_ (Submit r	minutes)			
Is the property in the Locational Atlas and Index of Historic Sites?	"	∕es □ No					
Is the property in the Master Plan for Historic Preservation?		☐ Yes	☐ No				
Is the property in an incorporated municipality? Yes,				☐ No			
Is the property in a special taxing district?				☐ No			
Existing Sewer and Water Categories:							
Existing Service Category: Sewer Water Pending Se	rvice Categ	ory: Sewer	Wate	er			
Proposed Sanitary Systems: ☐ Public Water ☐ Public Sewer	□ Well	□ Septic					
Are you requesting action or advice regarding a waiver or variance of any s	subdivision o	or zoning standard	ds?				
☐ Yes ☐ No (If yes, application must include a Statement of	Justification)						
Signature of Applicant (Owner, Owner's Representative or Contract Purc		 Date					
							
Name (Type or Print)							
Checklist							
See Submission Requirements for more details about the items below. Complete application package may be submitted without appointment to the Development Applications and Regulatory Coordination Division (sign in at the information counter and drop in the marked box).	No. Copies	Engineer/ Surveyor		CPPC Staff			
1. General Information		Submitted or Waived By	Accepted or	Not Accepted			
1.1 Complete application form and checklist	1						
Notice List prepared in conformance with the Manual of Development Review Procedures on printer labels and paper copy of labels	2 sets of labels & 1 paper copy						
1.3 Copy of written application notice with the date sent to all individuals on the notice list.	1						
1.4 Statement of Justification to support approval of the subject application including analysis of adequacy for both transportation and other public facilities including schools.	5						
2. Plan Drawings and Supporting Information							

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2.1 Plan drawing(s) showing the proposed development, including vicinity map, location of property, north arrow, scale (*folded copies*)......

2.2	Traffic Study or Statement, as applicable (Contact Area Team Transportation reviewer for a determination of exactly what should be included prior to making this submittal. Additional copies will be required for transmittal to other agencies after MNCPPC staff approval.)	2		
2.3	CD with PDF of plan drawings and Supporting Information	1		
Adequat	ineer, surveyor or plan preparer hereby certifies that all required information te Public Facilities review has been included in this application, and that to ti ble belief, the information and data are accurate.		• .	
Signatı	ure of □Engineer, □Surveyor or □Plan Preparer			
Signature	· · · · · · · · · · · · · · · · · · ·		Date	
=				
Name (T)	/pe or Print)			