



8787 Georgia Avenue  
 Silver Spring, Maryland 20910-3760

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**PRELIMINARY PLAN APPLICATION**

Initial Application     Final Application     Revised Application     Amendment

M-NCPPC Staff Use Only			
File Number	1 _____	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.*

**Preliminary Plan Name (Subdivision):** \_\_\_\_\_ Acres \_\_\_\_\_ (sf / 43,560)

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 Contact** (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 Submission Requirements)**

Method of Development:  Standard  Cluster  MPDU  TDR  BLT  Other \_\_\_\_\_  
 No. of TDRs \_\_\_\_\_ BLT square footage \_\_\_\_\_ (Provide separate sheet with serial numbers (example 10-6222))

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
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:**

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 \_\_\_\_\_ - \_\_\_\_\_

Is this preliminary plan being reviewed concurrently with? Project Plan 9- \_\_\_\_\_ or Site Plan 8- \_\_\_\_\_

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

Name of Staff: \_\_\_\_\_ Date of meeting(s): \_\_\_\_\_

*(Submit a separate meeting minutes document.)*

Is this preliminary plan being reviewed as a "Green Tape" project for affordable housing?  Yes  No

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 Annual Growth Policy?  Yes  No

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

Are there any legal restrictions on property not shown on plan?  Yes  No

*(If any, See Submission Requirements, section 4.17)*

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

**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 60-day time allotted for review by the Planning Board, as set forth in Section 50-35(f) of the Subdivision Regulation, 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)*