



Effective: November 1, 2012

8787 Georgia Avenue
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SITE PLAN APPLICATION

Initial Application Final Application Revised Application Amendment

M-NCPPC Staff Use Only			
File Number	8- _____	Fee (attach worksheet)	_____
Date Application Received	_____	Fee Received by	_____
MCPB Hearing Date	_____	DRC Meeting Date	_____
Reviewer's Name	_____		

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.

Site Plan Name: _____ 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

Engineer or Surveyor

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail*

Architect

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail*

Landscape Architect

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 _____ No. of BLTs _____ 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	# of Lots	# of Out-lots
Total plan acres			Total Resid'l									
			Total Comm'l									
* Maximum number of dwelling units allowed by zoning ↑ (make only one entry per zone)												

Square footage of Areas Dedicated to Public Use:

Road ROWs	Other ROWs	Schools	Parks	Other	Total

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- _____
- SWM Concept (if applicable) MCDPS Case No. _____
- 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 _____ - _____

Describe the nature of the amendment or revision, if applicable. (Note: This form applies only to full plan amendments.)

Is this plan being reviewed concurrently with? Project Plan 9- _____
 Site Plan 8- _____
 Preliminary Plan 1- _____

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 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

Does this project use deed transfers from other properties, if yes, list the property ID Nos. Yes No

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____

Is the property in a special taxing district? Yes, _____ No

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.

Are you requesting changes to the binding elements of an approved Sketch Plan as part of this application?

Yes No If yes, the application notice must include mention of this request.

Stormwater management concept plan approval date: _____

Electric service provided by: Allegheny Power BG&E PEPCO

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

Requested Waivers: (if any)

Parking Waiver

Zoning Ordinance Section 59-E- _____

Description of wavier request: _____

Other Waivers

Zoning Ordinance Section 59- _____

Description of waiver request: _____

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)