



8787 Georgia Avenue  
 Silver Spring, Maryland 20910-3760

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**CONCEPT PLAN**

Date Application Filed	_____
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*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.*

**Plan 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 \_\_\_\_\_; 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

**NOTE:** This email will be used to create the ePlans project account.

**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**,  **Surveyor**, or  **Plan Preparer**

\_\_\_\_\_  
*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*

**Attorney**

\_\_\_\_\_  
*Company Name* *Contact Person*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

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

**Other:** \_\_\_\_\_

\_\_\_\_\_  
*Company Name* *Contact Person*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

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

**Other:** \_\_\_\_\_

\_\_\_\_\_  
*Company Name* *Contact Person*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

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

<u>Data Summary Table</u>	<u>Acres</u>	<u>Square Feet</u>
Site Area:	_____	_____
Area Dedicated to Public Use	_____	_____
Area Previously Dedicated to Public Use	_____	_____
Total Net Area of Concept Plan	_____	_____
<b>Area by Zone</b>		
Zone 1: _____	_____	_____
Zone 2: _____	_____	_____
Zone 3: _____	_____	_____

<u>Gross Floor Area (Sq. Ft.)</u>	<u>Required/Allowed</u>	<u>Proposed</u>
Retail	_____	_____
Office	_____	_____
Residential	_____	_____
Other	_____	_____
Total GFA	_____ (max)	_____
<b><u>Number of Dwelling Units</u></b>		
_____	_____	_____
<b><u>Number of Lots</u></b>		
_____	_____	_____
<b><u>Density</u></b>		
Floor Area Ratio (FAR)	_____ (max)	_____
Dwelling Units per Acres	_____ (max)	_____
Building Height (feet)	_____ (max)	_____
<b><u>Parking Spaces</u></b>		
Non-Residential	_____ (min)	_____
Residential	_____ (min)	_____
Total	_____ (min)	_____
Is the property located within a parking lot district? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**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.

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

**Proposed Sanitary Systems:**  Public Water  Public Sewer  Well  Septic

**Previous Plan Submittals** *(enter information, if applicable)*

Zoning case	Case No. _____
Development Plan/Schematic DP	Case No. _____
Conditional Use/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- _____
Administrative Subdivision Plan	File Number 6- _____
Preliminary Plan	File Number 1- _____
Site Plan	File Number 8- _____

*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).*

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name (Type or Print)*