



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

www.montgomeryplanning.org

Phone 301.495.4550
 Fax 301.495.1306

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 Would you like to receive ePlans notifications? * Yes No

Company Name Contact Person

Street Address

City State Zip Code

Telephone Number ext. Fax Number E-mail *required if checked yes

Owner's Representative Would you like to receive ePlans notifications? * Yes No

Company Name Contact Person

Street Address

City State Zip Code

Telephone Number ext. Fax Number E-mail *required if checked yes

Contract Purchaser

Would you like to receive ePlans notifications? * Yes No

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail* ***required if checked yes**

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

Would you like to receive ePlans notifications? * Yes No

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail* ***required if checked yes**

Architect

Would you like to receive ePlans notifications? * Yes No

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail* ***required if checked yes**

Attorney

Would you like to receive ePlans notifications? * Yes No

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail* ***required if checked yes**

Other: _____

Would you like to receive ePlans notifications? * Yes No

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail* ***required if checked yes**

Other: _____

Would you like to receive ePlans notifications? * Yes No

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail* ***required if checked yes**

<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		_____	_____
Area by Zone	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)	_____
<u>Number of Dwelling Units</u> (if known)	_____	_____
<u>Number of Lots</u>	_____	_____
<u>Density</u>		
Floor Area Ratio (FAR)	_____ (max)	_____
Dwelling Units per Acres	_____ (max)	_____
Building Height (feet)	_____ (max)	_____
<u>Parking Spaces</u> (if known)		
Non-Residential	_____ (min)	_____
Residential	_____ (min)	_____
Total	_____ (min)	_____

Is the property located within a parking lot district? Yes 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)