



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

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MANDATORY REFERRAL APPLICATION

| | | |
|------------------------|--|--|
| Date Application Filed | | MR Type (check One) <input type="checkbox"/> 1 – Comprehensive <input type="checkbox"/> 2 – Administrative <input type="checkbox"/> 3 – Consent |
|------------------------|--|--|

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.

Project Name (Subdivision): _____ 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 _____

Description of Project:

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.

Applicant (Agency/Department Head or Agency/Department Representative)

Submitting Agency or Department *Contact Person*

Street Address

City *State* *Zip Code*

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

Engineer/Plan Preparer

Name *Contact Person*

Street Address

City *State* *Zip Code*

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

Other Contact Person (if applicable)

Name *Contact Person*

Street Address

City *State* *Zip Code*

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

Signature of Applicant

Signature *Date*

Name (Type or Print)