



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

www.montgomeryplanning.org

Phone 301.495.4550
 Fax 301.495.1306

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

Would you like to receive ePlans notifications? * Yes No

Submitting Agency or Department *Contact Person*

Street Address

City *State* *Zip Code*

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

Engineer/Plan Preparer

Would you like to receive ePlans notifications? * Yes No

Name *Contact Person*

Street Address

City *State* *Zip Code*

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

Other Contact Person (if applicable)

Would you like to receive ePlans notifications? * Yes No

Name *Contact Person*

Street Address

City *State* *Zip Code*

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

Signature of Applicant

Signature *Date*

Name (Type or Print)