



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

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Phone 301.495.4550
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PRE-APPLICATION

Initial Application Final Application

| | |
|------------------------|-------|
| Date Application Filed | _____ |
|------------------------|-------|

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.

Proposed Subdivision 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 _____

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 or Contract Purchaser Would you like to receive ePlans notifications? * Yes No
 (Authorization is required from the owner.)

Company Name Contact Person

Street Address

City State Zip Code

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

Engineer or Surveyor

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 | | | |

Development Information: (See Submission Requirements)

Method of Development: Standard Optional MPDU TDR BLT Cluster

No. of TDRs _____ BLT square footage _____

| 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 Du | Age Rest. Housing du | Senior Housing du |
|---|--------------|-------|-----------------------|--|---|--------------------------------|--------------------------------|---|-------|-----------------------------|----------------------|-------------------|
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| | | | | | | | | | | | | |
| Total plan acres | | | Total Resid'l | | | | | | | | | |
| | | | Total Comm'l | | | | | | | | | |
| * Maximum number of dwelling units allowed by zoning ↑ (make only one entry per zone) | | | | | | | | | | | | |

Total Number of Proposed Development Lots/Parcels _____

Total Number of Proposed Outlots _____ Total Number of Proposed Non-Development Parcels _____

Total Square footage of Areas Dedicated to Public Use: _____

Supplementary Information:

Are you requesting a hearing by the Planning Board? Yes No To be determined at DRC

Are you requesting alternative review procedures for preapplication plan submission? Yes No
(Section 50.5, see Submission Requirements)

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.*

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- _____ |
| Concept Plan | File Number 5- _____ |
| 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 record plat number(s): _____, _____, _____, _____

Has the applicant had any pre-submission meetings with M-NCPPC staff? Yes No

Name of Staff: _____ Date of meeting(s): _____ (Submit meeting minutes document.)

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

Is the property within a school cluster in moratorium under the current Annual Growth Policy? Yes No

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

Existing Sewer and Water Categories:

Existing Service Category: Sewer _____ Water _____

Pending Service Category: Sewer _____ Water _____

Proposed Sanitary Systems: Public Water Public Sewer Well Septic

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)