



8787 Georgia Avenue  
 Silver Spring, Maryland 20910-3760

www.montgomeryplanning.org

Phone 301.495.4550  
 Fax 301.495.1306

## PRELIMINARY PLAN APPLICATION

Initial Application    Final Application    Revised Application    Amendment

File Number	1 _____
Date Application Filed	_____
NRI/FSD File No., if applicable	4 _____

*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.*

**Preliminary Plan Name (Subdivision):** \_\_\_\_\_ Acres \_\_\_\_\_ (sf / 43,560)

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** (Authorization is required from the 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**

**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**

**FCP Plan Preparer, if applicable**

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  Cluster  MPDU  TDR  BLT

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
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:**

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- _____
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 M-NCPPC record plat number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Is this preliminary plan being reviewed concurrently? Sketch/Project Plan \_\_\_\_\_ or Site Plan \_\_\_\_\_

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

Name of Staff: \_\_\_\_\_ Date of meeting(s): \_\_\_\_\_

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

Does this project use deed transfers from other properties, if yes, list the property ID Nos.  Yes  No

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_

6: \_\_\_\_\_ 7: \_\_\_\_\_ 8: \_\_\_\_\_ 9: \_\_\_\_\_ 10: \_\_\_\_\_

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

Are there any legal restrictions on property not shown on plan\*?  Yes  No

(If any, address in your Statement of Justification.)

\*NOTE: MNCPPC does not enforce private easements or any other private legal agreements, but they should be noted as part of the application.

**Existing Sewer and Water Categories:**

Existing Service Category: Sewer \_\_\_\_\_ Water \_\_\_\_\_

Pending Service Category: Sewer \_\_\_\_\_ Water \_\_\_\_\_

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

**Forest Conservation Plan Supplemental Information**

Does the FCP involve impacts to trees that require a variance per the Forest Conservation Law?  Yes  No

Is amendment in response to violation?  Yes  No

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

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

\_\_\_\_\_  
Date

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