



**Effective:** September 1, 2017

8787 Georgia Avenue  
 Silver Spring, Maryland 20910-3760

www.montgomeryplanning.org

Phone 301.495.4550  
 Fax 301.495.1306

## PROJECT PLAN APPLICATION

Initial Application     Final Application     Revised Application     Amendment

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.*

**Project Plan Name:** \_\_\_\_\_ Acres \_\_\_\_\_ Sq.ft. \_\_\_\_\_

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**

Company Name	Contact Person		
Street Address			
City	State	Zip Code	
Telephone Number	ext.	Fax Number	E-mail

**Owner's Representative or Contract Purchaser** (Authorization is required from the owner.)

Company Name	Contact Person		
Street Address			
City	State	Zip Code	
Telephone Number	ext.	Fax Number	E-mail

**Engineer**

Company Name		Contact Person	
Street Address			
City		State	Zip Code
Telephone Number	ext.	Fax Number	E-mail

**Architect**

Company Name		Contact Person	
Street Address			
City		State	Zip Code
Telephone Number	ext.	Fax Number	E-mail

**Landscape Architect**

Company Name		Contact Person	
Street Address			
City		State	Zip Code
Telephone Number	ext.	Fax Number	E-mail

**Attorney**

Company Name		Contact Person	
Street Address			
City		State	Zip Code
Telephone Number	ext.	Fax Number	E-mail

**Other:** \_\_\_\_\_

Company Name		Contact Person	
Street Address			
City		State	Zip Code
Telephone Number		Fax Number	E-mail

<u>Data Summary Table</u>	<u>Acres</u>	<u>Square Feet</u>
<b><u>Tract Area</u></b>		
Gross Tract Area	_____	_____
Area Dedicated to Public Use	_____	_____
Area Previously Dedicated to Public Use	_____	_____
Total Net Area of Project Plan	_____	_____
<b><u>Gross Tract Area by Zone</u></b>	Zone 1: _____	_____
(indicate full zone, e.g., CRT2.0 C1.0 R1.5 H60)	Zone 2: _____	_____
	Zone 3: _____	_____

<u>Gross Floor Area (Sq. Ft.)</u>	<u>Required/Allowed</u>	<u>Proposed</u>	
Retail	_____	_____	
Office	_____	_____	
Residential	_____	_____	
Other _____	_____	_____	
Total	_____ (max.)	_____	
<b><u>Dwelling Units</u></b>		<u>Total Units</u>	<u>MPDU'S</u>
Efficiency	_____	_____	_____
1 Bedroom	_____	_____	_____
2 Bedroom	_____	_____	_____
3 + Bedroom	_____	_____	_____
Total	_____	_____	_____
<b><u>Density</u></b>			
Floor Area Ratio (FAR)	_____ (max.)	_____	
Dwelling Units Per Acre	_____ (max.)	_____	
Building Height (Feet)	_____ (max.)	_____	
<b><u>Parking Spaces</u></b>			
Retail	_____ (min.)	_____	
Office	_____ (min.)	_____	
Residential	_____ (min.)	_____	
Loading Spaces/Zones	_____ (min.)	_____	
Other _____	_____ (min.)	_____	
Total	_____ (min.)	_____	
Is the property located within a parking lot district?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Public Use Space (sq. ft. & % of net lot)	Required		Proposed	
	Percent	Sq.Ft.	Percent	Sq.Ft.
On-Site Area:	_____ (20% Min)	_____	_____ (20% Min)	_____
Off- Site Area	_____	_____	_____	_____
Total	_____ (20% Min)	_____	_____ (20%Min)	_____

**Supplementary Information:**

Previous Plan Submittals: *(enter information, if applicable)*

Type	Case No.	Resolution/Approval Date
Zoning Case		
Development Plan/Schematic DP		
Special Exception		
Variance		
NRI/FSD (if applicable)		
SWM Concept (if applicable)		
Pre-Application		
Sketch Plan		
Project Plan		
Preliminary Plan		
Site Plan		

If Record Plat(s) recorded for the site, enter record plat number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Describe the nature of the amendment or revision, if applicable. (Note: This form applies only to full plan amendments.)  Attached

Is this plan being reviewed concurrently with? Preliminary Plan 1 \_\_\_\_\_  
 Site Plan 8 \_\_\_\_\_

Has the applicant had any pre-submission meetings with M-NCPPC staff?  Yes  No  
 Name of Staff: \_\_\_\_\_ Date of meeting(s) \_\_\_\_\_ (Submit minutes)

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 in an incorporated municipality?  Yes, \_\_\_\_\_  No

Is the property in a special taxing district?  Yes, \_\_\_\_\_  No

Legal restrictions on property not shown on plan, if any\* (See Submission Requirements, section 4.17)

\*MNCPPC does not enforce easements and any other private legal agreements.

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(s)** (Owner, Owner's Representative or Contract Purchaser)

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Signature

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Date

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Name (Type or Print)

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Signature

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Date

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Name (Type or Print)