



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

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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 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

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

Architect

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

Landscape Architect

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		Fax Number	E-mail *required if checked yes

<u>Data Summary Table</u>	<u>Acres</u>	<u>Square Feet</u>
<u>Tract Area</u>		
Gross Tract Area	_____	_____
Area Dedicated to Public Use	_____	_____
Area Previously Dedicated to Public Use	_____	_____
Total Net Area of Project Plan	_____	_____
<u>Gross Tract Area by Zone</u>	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.)	_____	
<u>Dwelling Units</u>		<u>Total Units</u>	<u>MPDU'S</u>
Efficiency	_____	_____	_____
1 Bedroom	_____	_____	_____
2 Bedroom	_____	_____	_____
3 + Bedroom	_____	_____	_____
Total	_____	_____	_____
<u>Density</u>			
Floor Area Ratio (FAR)	_____ (max.)	_____	
Dwelling Units Per Acre	_____ (max.)	_____	
Building Height (Feet)	_____ (max.)	_____	
<u>Parking Spaces</u>			
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)

Signature

Date

Name (Type or Print)

Signature

Date

Name (Type or Print)