

THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

2425 Reedie Drive Floor 14 Wheaton, MD 20902

MontgomeryPlanning.org

Site Plan Amenity Substitution Request

Print Form Clear Form			
SITE PLAN NAME:		NUMBER:	
		EXT	
DATE SUBMITTED:			
Section or Phase of Dev	elopment:		
Address of Applicant:			
	ion of the equipment specifie	the above referenced project, am d below:	
		Signature	Date
	Previously Approved Item	Proposed Substitution	
Name of Item Manufacturer			
Catalog #			
Cost Quantity			
Quantity			

In the space below, justify the substitution by comparing pertinent factors affecting project quality (i.e. wood treatment, wood type, finishing, connecting system, detailing, etc). Proposed equipment should be designed for the same age group and have equivalent activities, in terms of both number and type. Attach complete specifications and cut sheets or other graphic representations for both originally specified item and proposed substitution. A print of the approved site and landscape plans showing the location and equipment list of all recreational facilities may also be required. The proposed substitution must be equal or better than the original equipment in order to be approved.

Reason for Change:

<u>Office</u>	e Use Only:		
	Disapprove Comment:	d: Substitution not equal or better	
	Approved		
		Supervisor Signature	Date
	/ Date	Scanned to Imageware	