

## **Montgomery County Planning Department**

Maryland-National Capital Park and Planning Commission

8787 Georgia Avenue Phone 301.495.4550

Silver Spring, Maryland 20910-3760

www.montgomeryplanning.org

Fax 301.495.1306

Effective: February 6, 2019

## REQUEST FOR ADEQUATE PUBLIC FACILITIES APPROVAL

		M NC	PPC Staff U	se Only			
File Number Date Application Received DRC Meeting Date	e Application Received		Fee (attach worksheet) Fee Received by MCPB Hearing Date				
An application will not be ac	cepted for review unless a	all required info	rmation and fee	s are provided. If	an item requires n	nore space, attach	a separate sheet.
Plan Name:					Acres	Sq. Ft	
200 scale Base Map #_	Тах Мар	#	_ Special F	Protection Are	a		
Property Tax Account N	lumber(s) associate	d with the p	lan (8 digits	s)			
A	В	C		D		_ E	
F	G	H		l		J	
Location: (Complete e			_				
A. On			fe				
B quadran	Street Name			• • • • • •	tc.)		•
(N,S,E,W etc.)  Subdivision Information  C. Lot	on: (Complete eithe	er A, if locat	Street Name ted within a	recorded sub	division, or B)	Street Nan	ne
D. Parcel Liber	;	Parcel	Liber	Folio	; Parcel	Liber	Folio
Applicant ( Owner, C  Name  Street Address	where a representative	z, or Gornie		tact Person	oe, willen vermoa	шоттечиней ії то	it the Owner.)
City City				Sta	te		Zip Code
			- "				<u>,                                      </u>
Telephone Number	Fax Number		E-mail				
<b>Owner</b> (If Applicant is a	a representative or c	ontract pure	chaser, list o	owner here)			
Name			Con	act Person			
Street Address							
City				Sta	te		Zip Code
Telephone Number	Fax Number		E-mail				

Supplementary Information:						
Justification statement for the requested approval: ☐ Attached						
Are there any legal restrictions applicable to this property other than those sl lf yes, please describe (attach supplemental information, if needed):	hown on th	is plan?*				
*MNCPPC does not enforce easements and any other private legal agreements	ents.					
Has the applicant had any pre-submission meetings with M-NCPPC staff? □Yes □No  Name of Staff:						
Is the property in the Locational Atlas and Index of Historic Sites? □Yes □ N	No					
Is the property in the Master Plan for Historic Preservation? ☐ Yes ☐ No Is the property in an incorporated municipality? ☐ Yes,			<b>□</b> No			
Is the property in a special taxing district?						
Is the property in a special taxing district?						
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 \(\sigma\) is the sole owner of the subject property, \(\sigma\) owner(s) (written verification provided), or \(\sigma\) is a contract purchaser authorized to suverification provided).  Signature of Applicant (Owner, Owner's Representative or Contract Purch	ıbmit this ap					
Signature	 Date					
Name (Type or Print)						
Checklist						
See Submission Requirements for more details about the items below. Complete application package may be submitted without appointment to the Development Applications and Regulatory Coordination Division (sign in at the information counter and drop in the marked box).	No. Copies	Engineer/ Surveyor	M NCPPC Staff			
1. General Information		Submitted or Waived By	Accepted or Not Accepted			
1.1 Complete application form and checklist	1					
Notice List prepared in conformance with the Manual of Development     Review Procedures on printer labels and paper copy of labels	2 sets of labels & 1 paper copy					
Copy of written application notice with the date sent to all individuals on the notice list.	1					
1.4 Statement of Justification to support approval of the subject application including analysis of adequacy for both transportation and other public facilities including schools.  5						
2. Plan Drawings and Supporting Information						
2.1 Plan drawing(s) showing the proposed development, including vicinity map, location of property, north arrow, scale ( <i>folded copies</i> )	5					

2

1

2.2 Traffic Study or Statement, as applicable (Contact Area Team

Transportation reviewer for a determination of exactly what should be included prior to making this submittal. Additional copies will be required

for transmittal to other agencies after MNCPPC staff approval.).....

2.3 CD with PDF of plan drawings and Supporting Information.....

The engineer, surveyor or plan preparer hereby certifies that all required information for this request for building permit-related Adequate Public Facilities review has been included in this application, and that to the best of his/her knowledge, information, and reasonable belief, the information and data are accurate.						
Signature of □Engineer, □Surveyor or □Plan Prepar	er					
Signature						
Name (Type or Print)						