



Intake and Regulatory Coordination
Montgomery County Planning Department
Maryland-National Capital Park and Planning Commission

1 of 3

Effective: January 29, 2021

2425 Reedie Drive

Phone 301.495.4550

Wheaton, Maryland 20902

www.montgomeryplanning.org

Fax 301.495.1306

REQUEST FOR ADEQUATE PUBLIC FACILITIES APPROVAL

M NCPPC Staff Use Only

File Number

APF - _____

Fee (attach worksheet)

Date Application Received

Fee Received by

DRC Meeting Date

MCPB Hearing Date

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.

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 A, if located within a recorded subdivision, or B)*

C. Lot _____ Block _____ Subdivision _____

D. Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____

Applicant (Owner, Owner's Representative, or Contract Purchaser – check applicable; written verification required if not the owner.)

Name

Contact Person

Street Address

City

State

Zip Code

Telephone Number

Fax Number

E-mail

Owner *(If Applicant is a representative or contract purchaser, list owner here)*

Name

Contact Person

Street Address

City

State

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 shown on this plan?*

If yes, please describe (attach supplemental information, if needed):

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

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

Existing Sewer and Water Categories:

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

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*).

1. General Information

1.1 Complete application form and checklist.....

1.2 Notice List prepared in conformance with the Manual of Development Review Procedures on printer labels and paper copy of labels.....

1.3 Copy of written application notice with the date sent to all individuals on the notice list.

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.

2. Plan Drawings and Supporting Information

2.1 Plan drawing(s) showing the proposed development, including vicinity map, location of property, north arrow, scale (*folded copies*).....

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.....

No. Copies	Engineer/Surveyor	M NCPPC Staff
1	Submitted or Waived By	Accepted or Not Accepted
2 sets of labels & 1 paper copy		
1		
5		
5		
2		
1		

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 Preparer

Signature

Date

Name (Type or Print)