



8787 Georgia Avenue
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SKETCH 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.

Sketch 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 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 Fax Number E-mail *required if checked yes

Owner's Representative or Contract Purchaser

(Authorization is required from the owner.)

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

Landscape Architect

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

Architect

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

Engineer

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

Attorney

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

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 Sketch 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>Density (Total)</u>	<u>Permitted (Sq.Ft.)</u>	<u>Proposed (Sq.Ft.)</u>
Non-Residential	_____	Up to _____
Residential	_____	Up to _____
Other _____	_____	Up to _____
Total	_____	Total Up to _____
<u>Height</u>	<u>Permitted (Ft.)</u>	<u>Proposed (Ft.)</u>
Zone 1:	_____	Up to _____
Zone 2:	_____	Up to _____
Zone 3:	_____	Up to _____
<u>Parking Spaces</u>		
Non-Residential	_____ (Min)	_____ (Max)
Residential	_____ (Min)	_____ (Max)
Other _____	_____ (Min)	_____ (Max)
Total	_____ (Min)	Total _____ (Max)
Is the property located within a parking lot district? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, which one: _____		
<u>Public Use Space</u>	<u>Required</u>	<u>Proposed</u>
	_____ (%)	_____ (%)

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/Concept		
Sketch Plan		
Project Plan		
Preliminary Plan		
Site Plan		

If Record Plat(s) recorded, enter plat number(s): _____

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

- 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 private easements or any other private legal agreements.

Applicant hereby acknowledges 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)