



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

www.montgomeryplanning.org

Phone 301.495.4550
 Fax 301.495.1306

APPLICATION FEE REDUCTION REQUEST

Date Application Filed _____	Planning Board Date _____
------------------------------	---------------------------

Proposed Subdivision Name: _____ **Acres:** _____

Application Number: _____ **Zone:** _____

Primary Contact (*Person who will be the primary contact and point person*)

<i>Company Name</i>		<i>Contact Person</i>	
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>	<i>ext.</i>	<i>Fax Number</i>	<i>E-mail</i>

Attorney

<i>Company Name</i>		<i>Contact Person</i>	
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>	<i>ext.</i>	<i>Fax Number</i>	<i>E-mail</i>

Other

<i>Company Name</i>		<i>Contact Person</i>	
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
<i>Telephone Number</i>	<i>ext.</i>	<i>Fax Number</i>	<i>E-mail</i>

Attachments Required:

- **Fee Schedule and Worksheet** – Showing the actual fee amount due.
- **Statement of Justification** – Detailed statement providing the reason for the Application Fee Reduction Request, the proposed development, including the number of dwelling units, number of MPDU's provided, the total Commercial and Retail square footages, and the outcome you are requesting from the Planning Board.

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 or Owner's Representative)

Signature

Date

Name (Type or Print)