



2425 Reedie Drive Wheaton,
 Maryland 20902

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ADMINISTRATIVE SUBDIVISION PLAN

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.

Proposed Subdivision Name: _____ Acres _____ (sf / 43,560)

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 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 or Surveyor

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

Development Information: (See Submission Requirements)

Zoning	Overlay Zone	Acres	Development Type Code	On the Ground Built Resid'l du / Comm'l sf	Previously Approved Resid'l du/ Comm'l sf	Retained Resid'l du/ Comm'l sf	Proposed Resid'l du/ Comm'l sf	*	MPDUs	Other Affordable Housing Du	Age Rest. Housing du	Senior Housing du
Total plan acres			Total Resid'l									
			Total Comm'l									
* Maximum number of dwelling units allowed by zoning ↑ (make only one entry per zone)												

Total Number of Proposed Development Lots/Parcels _____
 Total Number of Proposed Outlots _____ Total Number of Proposed Non-Development Parcels _____
 Total Square footage of Areas Dedicated to Public Use: _____

Supplementary Information:

Are there any legal restrictions applicable to this property other than those shown on this plan?* Yes No

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

*NOTE: MNCPPC does not enforce private easements or any other private legal agreements, but they should be noted in the application.

Previous Plan Submittals: (enter information, if applicable)

Zoning case	Case No. _____
Development Plan/Schematic DP	Case No. _____
Conditional Use/Special Exception	Case No. _____
Variance	Case No. _____
NRI/FSD (if applicable)	File Number 4- _____
Pre-Application Submission	File Number 7- _____
Concept Plan	File Number 5- _____
Project Plan	File Number 9- _____
Sketch Plan	File Number 3- _____
Preliminary Plan	File Number 1- _____
Site Plan	File Number 8- _____

If property contains recorded lots, enter M-NCPPC record plat book & page _____ - _____

Has the applicant had any pre-submission meetings with M-NCPPC staff? Yes No

Name of Staff: _____ Date of meeting(s): _____ (Submit meeting minutes document.)

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 within a school cluster in moratorium under the current Subdivision Staging Policy? Yes No

Waiver(s) requested, if any Yes No (Identify code section and address in a separately provided Statement of Justification)

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)