



2425 Reddie Drive  
 Wheaton, Maryland 20902

www.montgomeryplanning.org

Phone 301.495.4550  
 Fax 301.495.1306

**MANDATORY REFERRAL APPLICATION**

Date Application Filed		MR Type (check One) <input type="checkbox"/> 1 – Comprehensive <input type="checkbox"/> 2 – Administrative <input type="checkbox"/> 3 – Consent
------------------------	--	--

*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.*

**Project Name (Subdivision):** \_\_\_\_\_ 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 \_\_\_\_\_

**Description of Project:**

**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.

**Applicant**  Agency/Department Head or  Agency/Department Representative

Would you like to receive ePlans notifications? \* Yes No

---

*Submitting Agency or Department* *Contact Person*

---

*Street Address*

---

*City* *State* *Zip Code*

---

*Telephone Number* *Fax Number* *E-mail* \*required if checked yes

**Engineer/Plan Preparer**

Would you like to receive ePlans notifications? \* Yes No

---

*Name* *Contact Person*

---

*Street Address*

---

*City* *State* *Zip Code*

---

*Telephone Number* *Fax Number* *E-mail* \*required if checked yes

**Other Contact Person** (if applicable)

Would you like to receive ePlans notifications? \* Yes No

---

*Name* *Contact Person*

---

*Street Address*

---

*City* *State* *Zip Code*

---

*Telephone Number* *Fax Number* *E-mail* \*required if checked yes

**Signature of Applicant**

---

*Signature* *Date*

---

*Name (Type or Print)*