

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

Effective: January 29, 2021

2425 Reedie Drive Wheaton, Maryland 20902

www.montgomeryplanning.org

Phone 301.495.4550 Fax 301.495.1306

		Initial Application	☐ Fina	l Application	Revised	Application	☐ Amend	ment
Date Application F								
An application will not be	•	•		•	•	. ,	•	
Sketch Plan Name:								
200 scale Base Map					I Protection	Area		
Property Tax Accour	` '		, ,			_		
A F	В G.			D I.		——		
Location: (Complete			fe	oot	of			
A. On quadra	Street Name	<del></del> , <del></del>		(N,S,E,W et	c.)	Nearest Inter	secting Street	
B. $\frac{\text{quadra}}{(N, S, E, W \text{ etc.})}$	ant, intersection o	f	treet Name		_ and	Street N	lomo	
Subdivision Information	, ,	either C, if located	d within a			)		
D. Parcel Libe								
Applicant Team (E	entar all that annly and	Loubmit concrete ounn	arting door	montation as noo	200001			
Street Address								
City				Sta	te		Zip Code	
Telephone Number	Fax Number			il will be used to	create the ePlan	s project accou	nt.	
Owner				Would y	ou like to receiv	e ePlans notific	ations? * Ye	es No
Company Name			Con	tact Person				
Street Address								
City				Sta	te		Zip Code	
Telephone Number	Fax Number	E-ma	ail *requ	ired if checked y	es			
Owner's Representa (Authorization is require		Purchaser		Would y	ou like to receiv	e ePlans notific	ations? * Ye	es No
Company Name			Con	tact Person				
Street Address								
City				Sta	te		Zip Code	
Telephone Number	Fax Number	E-ma	ail *regu	ired if checked y	es			

## **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 noti	fications? * 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 noti	fications? * 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 noti	fications? * 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 noti	fications? * Yes	No
Company Name			Contact Person		
Street Address					
City			State	Zip Code	
Telephone Number	Fax Number	E-mail	*required if checked yes		

\_(%)

Data Summary Table				<u>Acre</u>	<u>s</u> <u>Square Fee</u>	<u>t</u>
<u>Tract Area</u>						
Gross Tract Area					<del></del>	_
Area Dedicated to Public Use						_
Area Previously Dedicated to Public Use						_
Total Net Area of Sketch Plan						_
Gross Tract Area by Zone	Z	one 1:			<del></del>	_
(indicate full zone, e.g., CRT2.0 C1.0 R1.5 H60)		one 2:				_
	Z	one 3:				_
Density (Total)		Permitted (Sq.Ft.)			Proposed (Sq.Ft.	
Non-Residential		<del></del>			Up to	
Residential					Up to	
Other					Up to	_
•	Total			Total	Up to	
Hainha		Permitted (Ft.)				
<u>Height</u>		<u>Permitted (Ft.)</u>			Proposed (Ft.)	
Zone 1:					Up to	
Zone 2:					Up to	
Zone 3:					Up to	—
Parking Spaces						
Non-Residential		·	(Min)		(Ma	x)
Residential			(Min)		(Max	x)
Other			(Min)		(Ma	ıx)
-	Total		(Min)	Total	(Ma	x)
Is the property located within a parking lot district? ☐ Yes ☐ No						
If yes, which one:						
Public Use Space		Required			Proposed	

\_(%)

## **Supplementary Information:**

Previous Plan Submittals: (enter information, if applicable)

Туре	Case No.	Resolution/Appr	roval 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				
Describe the nature of the amendment or revision	n, if applicable. (Note: This fo	orm applies only to full plan amei	ndments.) 🖵	I Attached
Is the property in the Locational Atlas and Index	of Historic Sites?	□ Yes	□No	
Is the property in the Master Plan for Historic Pre	eservation?	☐ 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	Doguirements section 4.1	7)	
Legal restrictions on property not snown on plan	, II dily (See Subillission i	<u> </u>	<del>/)</del>	

<sup>\*</sup>MNCPPC does not enforce private easements or any other private legal agreements.

Applicant hereby acknowledges that he/she $\Box$ is the sole owner of the subject proto represent the owner(s) (written verification provided), or $\Box$ is a contract purchas by the property owner (written verification provided).		
Signature of Applicant(s) (Owner, Owner's Representative or Contract Purchase	er)	
Signature	 Date	
Name (Type or Print)	_	
Signature		
Name (Type or Print)	_	