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BIOHEALTH PRIORITY CAMPUS PLAN APPLICATION

Initial Application Final Application Revised Application Amendment

File Number	_____	CLEAR FORM
Date Application Filed	_____	

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.

Plan Name: _____ Acres _____ (sf / 43,560)

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 _____

B. _____ quadrant, intersection of _____ and _____
(N,S,E,W etc.) Street Name Nearest Intersecting Street
(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

Owner's Representative or Contract Purchaser

Would you like to receive ePlans notifications? * Yes No

(Authorization is required from the owner.)

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	

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	

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	

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	

FCP Plan Preparer, if applicable

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) Method of Development: TDR BLT

No. of TDRs _____ BLT square footage _____

Zoning	Overlay Zone	Acres	Development Type Code	On the Ground Built Square Feet	Previously Approved Square Feet	Retained Square Feet	Proposed Square Feet
			BioHealth Priority Campus				
			BioHealth Priority Campus				
			BioHealth Priority Campus				
			BioHealth Priority Campus				
			BioHealth Priority Campus				
			BioHealth Priority Campus				
			BioHealth Priority Campus				
	Total Plan Acres		Total Square Feet				

Square footage of Areas Dedicated to Public Use:

Road ROWs	Other ROWs	Schools	Parks	Other	Total

Supplementary Information:

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 number(s) _____, _____, _____

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

Is this plan being reviewed concurrently? Preliminary Plan _____

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

Name of Staff: _____ Date of meeting(s): _____

Is the property located in an Opportunity Zone? Yes No

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

Does this project use deed transfers from other properties, if yes, list the property ID Nos. Yes No

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

Is the property in a special taxing district? Yes, _____ No

Are there any legal restrictions on property not shown on plan? Yes No

(If any, address in your Statement of Justification.)

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

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

Are you requesting changes to the binding elements of an approved Sketch Plan as part of this application?

Yes No If yes, the application notice must include mention of this request.

Stormwater management concept plan approval date: _____ Electric

service provided by: Allegheny Power BG&E PEPCO

Requested Waivers: (if any)

Parking Waiver

Zoning Ordinance Section 59- _____

Description of waiver request:

Other Waivers

Zoning Ordinance Section 59- _____

Description of waiver request:

Forest Conservation Plan Supplemental Information

Does the FCP involve impacts to trees that require a variance per the Forest Conservation Law? Yes No

Is amendment in response to violation? Yes No

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

Signature of Applicant (Owner, Owner's Representative or Contract Purchaser)

Signature

Date

Name (Type or Print)