

2425 Reedie Drive

Effective: November 9, 2023

Phone 301.495.4550

Wheaton, Maryland 20902	www	.montgomeryplan	ining.org			Fax 301.495.	1306
MIXED INCOME H	DUSING COMM	UNITY PL/	AN APPLI	CATION			
	🖵 Initial Applica	tion 🔲 Final	Application	Revised	Application	Amendn	nent
File Number							
Date Application Filed						CLEAR	FORM
An application will not be accepted for	review unless all required information	tion and fees are provid	led. If an item requi	res more space, at	tach a separate sh		
Plan Name:				Acre	es	(sf / 43,56	0)
Property Tax Account Number	(s) associated with the pl	an (8 digits)					
A B	C	•	D		E		
F G	н		I		J		
Location: (Complete either A c	or B)						
A. On		_,fee	et	of			
B quadrant, inte	Street Name rsection of		(N,S,E,W etc.)	and	Nearest Interse	ecting Street	
(N,S,E,W etc.) Subdivision Information: (Co C. Lot	mplete either C, if located	Street Name I within a recorde		or D)	Street Na	me	
D. ParcelLiber							
Applicant Team (Enter all that of							
Primary Contact (Person who w	ill be the primary contact ar	nd point person for	future electronic	review process	5.)		
Company Name		Conta	ct Person				
Street Address							
City			State			Zip Code	
Telephone Number F	ax Number	<i>E-mail</i> NOTE: This email w	ill be used to creat	e the ePlans proi	ect account		
Owner			Would you lik	e to receive ePla	ins notifications	? * □Yes	□No
Company Name		Conta	ct Person				
Street Address							
City			State			Zip Code	
Telephone Number F	ax Number	E-mail					

Owner's Representative or Contract Purchaser 🗖 No Would you like to receive ePlans notifications? * 🗖 Yes (Authorization is required from the owner.) Company Name Contact Person Street Address City State Zip Code Telephone Number *E-mail* *required if checked yes Fax Number Engineer Would you like to receive ePlans notifications? * Yes **□**No Contact Person Company Name 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 ΠNo Company Name Contact Person Street Address Zip Code City State Telephone Number Fax Number *E-mail* *required if checked yes **Landscape Architect** Would you like to receive ePlans notifications? * □No **□**Yes Contact Person Company Name 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 ΠNo 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? * TYes 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 no	otifications? * □Yes □No		
Company Name		Contact Person			
Street Address					
City		State	Zip Code		
Telephone Number	Fax Number	<i>E-mail</i> *required if checked yes			

Development Information: (See Submission Requirements)Method of Development:

No. of TDRs______BLT square footage____

Zoning	Overlay Zone	Acres	Development Type Code	On the Ground Built SF/DU	Previously Approved SF/DU	Retained SF/Du	Proposed SF/DU
			Mixed Income Housing Comm.				
			Mixed Income Housing Comm.				
			Mixed Income Housing Comm.				
	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

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

Is this plan being review	ed concurrently? P	Preliminary Plan			
	ny pre-submission meetir	ngs with M-NCPPC staff?	ر Date of meeting(s)	Yes	🗅 No
			Date of meeting(s))	
Is the property located	in an Opportunity Zone?			🗅 Yes	🗅 No
Is the property in the Loc	ational Atlas and Index o	f Historic Sites?		🗆 Yes	🗆 No
Is the property in the Mas	ster Plan for Historic Pres	ervation?		🖵 Yes	🖵 No
1	2	operties, if yes, list the prop3	4		□ No
6	7	8	9	10	
Is the property in a speci	al taxing district?	🗅 Yes,			No
Are there any legal restrie	ctions on property not sh	own on plan? 🛛 🖵 Yes	🗅 No		
(If any, address in your Stateme	ent of Justification.)				
*NOTE: MNCPPC does not er	nforce private easements or a	any other private legal agreeme	ents, but they should b	e noted as pa	rt of theapplication.
Waiver(s) requested, if a	ny 🗆 Yes 🛛 🗅 No (la	dentify code section and address in	a separately provided St	atement of Jus	tification)

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

 Yes
 If yes, the application notice must include mention of this request.

Stormwater management concept plan approval date:				
service provided by: 📮 Allegheny Power		BG&E		PEPCO

Parking Waiver

Zoning Ordinance Section 59-_____ Description of waiver request:

Other Waivers

Zoning Ordinance Section 59-____ Description of waiver request:

Applicant hereby certifies that he/she is \Box the sole owner of the subject property, is \Box otherwise legally authorized to represent theowner(s) (written verification provided), or is \Box 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)