



2425 Reddie Drive
 Wheaton, Maryland 20902

www.montgomeryplanning.org

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MAP AMENDMENT APPLICATION

Date Application Filed		MA Type (check One) <input type="checkbox"/> LMA (Local) <input type="checkbox"/> CMA (Corrective) <input type="checkbox"/> SMA (Sectional)
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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.

Project 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 _____

Description of Project (Include the current and proposed zoning districts):

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? * No

Company Name *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

Company 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

Company Name *Contact Person*

Street Address

City *State* *Zip Code*

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

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/FCPEX (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- _____
Forest Conservation Plan	File Number F- _____

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)