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

Effective: August 1, 2025

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COMMERCIAL TO RESIDENTIAL PLAN APPLICATION

❏ Initial Application   ❏ Final Application   ❏ Revised Application   ❏ Amendment

File Number	_____
Date Application Filed	_____ **CLEAR FORM**

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 _____

  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_____

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

(Authorization is required from the 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

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 SF/DU	Previously Approved SF/DU	Retained SF/Du	Proposed SF/DU
			Comm. to Res. Reconstruction				
			Comm. to Res. Reconstruction				
			Comm. to Res. Reconstruction				
	Total Plan Acres		Total Square Feet				

Square footage of Areas Dedicated to Public Use:

Road ROWs	Other ROWs	Schools	Parks	Other	Total

Vacant Commercial Floor Area:

Floor Area of Vacant Comml. (SF)	Percent of Total Building Size	Floor Area of Total Building (SF)

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.)

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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 theapplication.

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:

Applicant hereby certifies that he/she is ❑ *the sole owner of the subject property, is* ❑ *otherwise legally authorized to represent theowner(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)