



**Engineer**

Would you like to receive ePlans notifications? \*  Yes  No

MHG Patrick G. La Vay, P.E.  
**Company Name** *Contact Person*  
 9220 Wightman Road, Suite 120  
**Street Address**  
 Montgomery Village  
**City** MD 20886  
 (301) 670-0840 plavay@mhgpa.com *State* *Zip Code*  
**Telephone Number** *Fax Number* *E-mail* \*required if checked yes

**Architect**

Would you like to receive ePlans notifications? \*  Yes  No

Architecture Incorporated Nicholas Crowley  
**Company Name** *Contact Person*  
 1902 Campus Commons Drive, Suite 101  
**Street Address**  
 Reston VA 20191  
**City** State *Zip Code*  
 (703) 390-2056 nicholas@archinc.com  
**Telephone Number** *Fax Number* *E-mail* \*required if checked yes

**Landscape Architect**

Would you like to receive ePlans notifications? \*  Yes  No

MHG David Post  
**Company Name** *Contact Person*  
 9220 Wightman Road, Suite 120  
**Street Address**  
 Montgomery Village MD 20886  
**City** State *Zip Code*  
 (301) 670-0840 dpost@mhgpa.com  
**Telephone Number** *Fax Number* *E-mail* \*required if checked yes

**Attorney**

Would you like to receive ePlans notifications? \*  Yes  No

Lerch Early and Brewer, Chtd. Stacy Silber  
**Company Name** *Contact Person*  
 7600 Wisconsin Avenue, Suite 700  
**Street Address**  
 Bethesda MD 20814  
**City** State *Zip Code*  
 (301) 841-3833 spsilber@lercheearly.com  
**Telephone Number** *Fax Number* *E-mail* \*required if checked yes

**FCP Plan Preparer, if applicable**

Would you like to receive ePlans notifications? \*  Yes  No

MHG Frank Johnson  
**Company Name** *Contact Person*  
 9220 Wightman Road, Suite 120  
**Street Address**  
 Montgomery Village MD 20886  
**City** State *Zip Code*  
 (301) 670-0840 fjohnson@mhgpa.com  
**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*  
 Select one of the following:  
**Telephone Number** *Fax Number* *E-mail* \*required if checked yes

**Development Information: (See Submission Requirements)**

Method of Development:  Standard  Optional  Cluster  MPDU  TDR  BLT

No. of TDRs \_\_\_\_\_ BLT square footage \_\_\_\_\_

Zoning	Overlay Zone	Acres	Development Type Code	On the Ground Built Resid'l du / Comm'l sf	Previously Approved Resid'l du/ Comm'l sf	Retained Resid'l du/ Comm'l sf	Proposed Resid'l du/ Comm'l sf	*	MPDUs	Other Affordable Housing Du	Age Rest. Housing du	Senior Housing du
CRT-1.25, H-75	MV	4.24	RT-Retail Center-2 or 1	79,381.00	79,381.00	0.00	30,000.00					
	NON		AC-Commercial, Agric									
	NON		AC-Commercial, Agric									
	NON		AC-Commercial, Agric									
	NON		AC-Commercial, Agric									
	NON		AC-Commercial, Agric									
	NON		AC-Commercial, Agric									
Total plan acres		4.24	Total Resid'l						0	0	0	0
			Total Comm'l				30,000.00					
* Maximum number of dwelling units allowed by zoning ↑ (make only one entry per zone)												

**Square footage of Areas Dedicated to Public Use:**

Road ROWs	Other ROWs	Schools	Parks	Other	Total
0.00	0.00	0.00	0.00	0.00	0

**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- 20191630
- 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) 9561, 9993, \_\_\_\_\_

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? Sketch/Project Plan \_\_\_\_\_ or Preliminary Plan YES

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

Name of Staff: Area 2 Team Date of meeting(s): 05/30/2019

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 provided).

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

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

Connor P. Bevens - Lidl US Operations LLC  
\_\_\_\_\_  
Name (Type or Print)