



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

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Phone 301.495.4550
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SITE PLAN APPLICATION

Initial Application Final Application Revised Application Amendment

File Number _____	_____
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.

Site 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 _____

***required if checked yes**

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: 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
Total plan acres			Total Resid'l									
			Total Comm'l									
* 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

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? Sketch/Project Plan _____ or 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 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 Please see addendum to application , page 5,
for Applicant Signatures.

Date

Name (Type or Print)

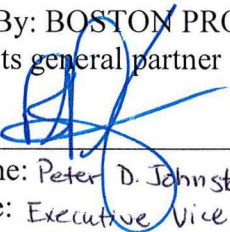
OWNER'S REPRESENTATIVE

7750 WISCONSIN AVENUE LLC, a
Delaware limited liability company

BXP 7750 WISCONSIN AVENUE LLC,
a Delaware limited liability company, as BP Manager

By: BOSTON PROPERTIES LIMITED PARTNERSHIP,
a Delaware limited partnership, its sole member and manager

By: BOSTON PROPERTIES, INC., a Delaware corporation,
its general partner


By: 
Name: Peter D. Johnston
Title: Executive Vice President

and

BETHESDA CENTER HOLDINGS, LLC, a Maryland limited
liability company, as Bernstein Manager

By: BETHESDA CENTER, LLC, a Delaware limited liability
company, its sole member and manager

By: ~~TBC MANAGER, LLC, a Maryland limited liability company~~
~~its manager~~

By: 
Name: Adam K. Bernstein
Title: Manager