



8787 Georgia Avenue
 Silver Spring, Maryland 20910-3760

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MANDATORY REFERRAL APPLICATION

Date Application Filed		MR Type (check One) <input type="checkbox"/> 1 – Comprehensive <input type="checkbox"/> 2 – Administrative <input type="checkbox"/> 3 – Consent
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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.

30% LOD: 40,960 SF

Project Name (Subdivision): _____ 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 _____

SEE ATTACHED LIST OF ADJACENT PROPERTY OWNERS WITHIN PROJECT VICINITY.

Description of Project:

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.

Applicant Agency/Department Head or Agency/Department Representative

Would you like to receive ePlans notifications? * Yes No

Submitting Agency or Department		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

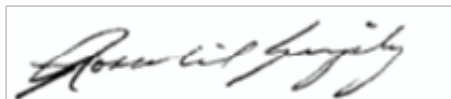
Name		Contact Person
Street Address		
City	State	Zip Code
Telephone Number	Fax Number	E-mail *required if checked yes

Other Contact Person (if applicable)

Would you like to receive ePlans notifications? * Yes No

Name		Contact Person
Street Address		
City	State	Zip Code
Telephone Number	Fax Number	E-mail *required if checked yes

Signature of Applicant



Signature

Date

Name (Type or Print)