



2425 Reedie Drive  
 Wheaton, Maryland 20902

www.montgomeryplanning.org

Phone 301.495.4550  
 Fax 301.495.1306

**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. 03520708    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
410-997-9282	<b>NOTE: This email will be used to create the ePlans project account.</b>

**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
	<b>*required if checked yes</b>

**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
	<b>*required if checked yes</b>

**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- 1996110A \_\_\_\_\_
- 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Type or Print)

**OWNER'S AFFIDAVIT OF AUTHORITY**

Johns Hopkins University, Facilities and Real Estate, with a mailing address of 3910 Keswick Road, N3100, Baltimore, Maryland 21211 ("Owner"), certifies that it is the owner of a certain property located at 9951 Key West Avenue, Rockville, Maryland 20850 ("Subject Property").

Whereas, Owner and Johns Hopkins Health Systems | Facilities ("Applicant") have entered into an agreement for the development of the Subject Property, Owner hereby authorizes Applicant, with an address of 1812 Ashland Avenue, Suite 400, Baltimore, Maryland 21205, to pursue and file for any and all required Montgomery County and/or State of Maryland governmental approvals for the development of the Subject Property, including but not limited to development review applications, zoning applications and building permit applications. Owner further authorizes Applicant to take all reasonable and necessary steps to satisfy any and all conditions upon which such approvals are granted by the Montgomery County Planning Board.

**Owner**

By: Johns Hopkins University, Facilities and Real Estate

Signature: *Mitch Bonanno*

Printed Name: Mitch Bonanno

Title: Chief Real Estate Officer

Witness: *Matt Miller*

State / District of Maryland, County of Harford

The foregoing was acknowledged before me, this 2 day of April, 2021

By: Mitch Bonanno

Denise M. Mazzoni, Notary Public, State/District of Maryland

My Commission Expires: July 15, 2024

Name of Notary: Denise M. Mazzoni

