



8787 Georgia Avenue  
 Silver Spring, Maryland 20910-3760

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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

\_\_\_\_\_  
Date

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