

FCP Plan Preparer (Qualifications of preparer must be included if individual has not been previously certified.)

Would you like to receive ePlans notifications? * Yes No

Softesz		Daniel Park	
Company Name 2 Research Place		Contact Person	
Street Address Rockville		MD	20850
City (301) 848-2750		State	Zip Code
Telephone Number	Fax Number	E-mail dpar@softeszco.com	*required if checked yes

Supplemental Information:

Previous or Concurrent Plan Submittals: (enter information, if applicable)

Type	Case No(s).
Zoning Case	H-148
Development Plan/Schematic DP	
Special Exception	
Variance	
NRI/FSD (if applicable)	420222220
SWM Concept (if applicable)	
Pre-Application	
Sketch Plan	
Project Plan	
Preliminary Plan or Administrative Subdivision Plan	
Site Plan	820240030

If this is an amendment, is it in response to a forest conservation citation or notice of violation? Yes No

Is a Tree Variance being submitted? Yes No

If this is an amendment, provide the number of the approved plan being amended: _____

Applicant's Signature

Applicant hereby notifies 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) written verification needed if not the owner

Signature  Date 8-8-23

Name (Type or Print) Tim Gary