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PRELIMINARY PLAN APPLICATION

Initial Application Final Application Revised Application Amendment

File Number	1 _____
Date Application Filed	_____
NRI/FSD File No., if applicable	4 _____

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.

Preliminary Plan Name (Subdivision): _____ Acres _____ (sf / 43,560)

Property Tax Account Number(s) associated with the plan (8 digits)

A. _____ B. _____ C. _____ D. 00028253 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 or Surveyor

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

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

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)												

Total Number of Proposed Development Lots/Parcels _____
Total Number of Proposed Outlots _____ Total Number of Proposed Non-Development Parcels _____
Total Square footage of Areas Dedicated to Public Use: _____

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- 420240140
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) _____, _____, _____

Is this preliminary plan being reviewed concurrently? Sketch/Project Plan _____ or Site 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

Is the property within a school cluster in moratorium under the current Annual Growth Policy? 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: _____

Waiver(s) requested, if any Yes No (Identify code section and address in a separately provided Statement of Justification)

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.

Existing Sewer and Water Categories:

Existing Service Category: Sewer _____ Water _____

Pending Service Category: Sewer _____ Water _____

Proposed Sanitary Systems: Public Water Public Sewer Well Septic

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

Signature of Applicant (Owner, Owner's Representative or Contract Purchaser)

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

Date

Name (Type or Print)