



# Amendment to Approved Preliminary Plan

## For M-NCPPC Staff Use Only

Date Application & Fee Received	<u>10-4-00</u> by <u>JJ</u>	Revised Plan File Number	1 - <u>84280-A</u> A
Fee (Attach Fee Worksheet)	<u>100<sup>00</sup></u> by <u>JJ</u>	NRI/FSD File Number	4 - _____
Date Application Complete	_____	DRC Meeting Date	_____
		MCPB Hearing Date	_____

Approved Preliminary Plan Name Montrose Industrial Park Plan No. 1 - 84280

Lot(s), block(s) and subdivision if located within an existing subdivision recorded among the land records, OR enter parcel number(s) including liber and folio reference(s) (attach copy of tax plate or record plat, if applicable) \_\_\_\_\_  
Lot N-701 (Parcel 18)

Adopted Special Exception/Variance, if applicable Case # S NA or # A NA

Approved Zoning Application/Development Plan description, if applicable (attach resolution) Case # G NA

Approved Project Plan file number, if applicable 9 - NA

If previous Preliminary Plan on this property, enter application file number 1 - 84280

If previous Pre-Preliminary Plan on this property, enter application file number 7 - NA

If a resubdivision of recorded lots, enter M-NCPPC Record Plat Number(s) NA

Attach letter describing the nature of the amendment(s) requested by the applicant  Attached

**Location:** (Pick either A or B.)

A. On 5001 Nicholson Lane, 600+/- feet SW of Boiling Brook Parkway  
Street Name (N, E, S, W, etc) Nearest Intersecting Street Name

B. \_\_\_\_\_ quadrant, intersection of \_\_\_\_\_ and \_\_\_\_\_  
(N, E, S, W, etc.) Street Name Street Name

**An application will not be accepted for review unless all required information and fees are provided. If the amendment does not change prior information shown on the original preliminary plan application, then the following section does not have to be completed.**

Total number of lots proposed.....	<u>1</u>
Total number of dwelling units proposed .....	<u>0</u>
Total number of existing dwelling units .....	<u>0</u>
Number of moderately priced dwelling units and/or assisted housing proposed, if applicable .....	<u>0</u>
Total area included on plan .....	<u>40,381 S.F.</u>
Amount of proposed commercial/industrial square footage .....	<u>3,000+/- S.F.</u>
Existing zoning .....	<u>C-2</u>
Number of transferable of development rights (TDRs) proposed, if applicable .....	<u>-</u>
If requesting an optional method of development, identify option (i.e.: Cluster, MPDU or TDR) .....	<u>-</u>
Is your property in the Locational Atlas and Index of Historic Sites, or Master Plan for Historic Preservation? .....	<u>No</u>
Identify incorporated municipality of special taxing district, if applicable.....	<u>NA</u>
Are you requesting a waiver or variation of any zoning and/or subdivision standards? (attach justification) .....	<u>No</u>

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## Type and Quantity of Development:

SF = Single Family \_\_\_\_\_ d.u. HI = High Rise \_\_\_\_\_ d.u. DP = Duplex or Semi Detached \_\_\_\_\_ d.u.  
 TW = Townhouse \_\_\_\_\_ d.u. QP = Quadplex \_\_\_\_\_ d.u. PB = Piggyback \_\_\_\_\_ d.u.  
 S.F. GR = Garden Apartment \_\_\_\_\_ d.u. OT = Other (Church, etc.) \_\_\_\_\_ s.f.  
 CM = Commercial 3,000 ~~xxxx~~ IN = Industrial \_\_\_\_\_ s.f.

**Proposed Sanitary Systems:**  Public Water  Well  Public Sewer  Septic

Are there any legal restrictions applicable to this property other than those shown on this plan?  Yes  No  
 If yes, please describe. Please see attached Adequate Public Facilities Ordinance Agreement

Tax Account Number(s) associated with the plan:

04-02670795

## Applicant Information:

### 1. Applicant (Owner or Contract Purchaser)

Nicholson Five Limited Partnership c/o Jody S. Kline, Esq.

Name Contact Person

200-B Monroe Street

Street Address

Rockville, Maryland 20850

City State Zip Code

( 301 ) 762-5212

( 301 ) 762-6044

Telephone Number

Fax Number

### 2. Owner (If Applicant is a Contract Purchaser, list Owner here.)

Nicholson Five Limited Partnership c/o Jody S. Kline, Esq.

Name Contact Person

200-B Monroe Street

Street Address

Rockville, Maryland 20850

City State Zip Code

( 301 ) 762-5212

( 301 ) 762-6044

Telephone Number

Fax Number

### 3. Engineer or Surveyor

Macris, Hendricks & Glascock

Name Contact Person

9220 Wightman Road, Suite 120

Street Address

Gaithersburg, MD 20879

City State Zip Code

( 301 ) 670-0840

( 301 ) 948-0693

Telephone Number

Fax Number

## Signature of Applicant (Owner or Contract Purchaser)

Nicholson Five Limited Partnership

By: 

Signature

4 OCTOBER 2000

Date

Jody S. Kline, Attorney for Applicant

Name (Type or Print)



# Amendment to Approved Preliminary Plan

### 3. SUPPORTING FUNCTIONAL INFORMATION/DRAWINGS

- 3.1 Approved Natural Resources Inventory/Forest Stand Delineation .....
- 3.2 Forest conservation plan and worksheet .....
- 3.3 Proposed stormwater management concept (attach copy of completed SWM application form) .....
- 3.4 Storm drainage area study with map showing upstream watershed .....
- 3.5 Traffic study including
  - 1. Staging ceiling and/or .....
  - 2. Local area review .....
- 3.6 Tentative street profiles .....
- 3.7 Sight distance evaluation certification .....
- 3.8 Existing lot layout for resubdivisions with delineation of neighborhood ...
- 3.9 Required information for Health Department approval of septic areas ....
- 3.10 Off-site utility connections and other off-site features affecting plan .....
- 3.11 TDR density calculations including base density, TDR units, MPDU units, density allowed by area master plan and 2/3 of required TDRs ....
- 3.12 Draft traffic mitigation agreement if site is located in transportation management district .....
- 3.13 Composite plan if preliminary plan includes more than one sheet as submitted .....

No. Copies	Engineer/ Surveyor	M-NCPPC Staff
	Submitted or N/A	Accepted or Not Accepted
12		
12		
7		
7		
10		
10		
5		
5		
2		
5		
12		
1		
5		
12		

The engineer or surveyor hereby certifies that all required information for the submission of a preliminary plan of subdivision has been included with this application.

### Signature of Engineer/Surveyor

Nicholson Five Limited Partnership

By: 

Signature

4 OCT 2000

Date

Jody S. Kline, Attorney for Applicant

Name (Type or Print)