



APPLICATION FORM

DO NOT WRITE IN THIS SPACE

Application No.(s): _____ Planning Board Review Planning Director Review

Acceptance Date: _____ 70-day limit _____ Limit waived–New limit _____

Posting Waived Posting Date: _____ No. of Signs Posted: _____ Agenda Date: _____

Application Fee: _____ Posting Fee: _____ Case Reviewer: _____

Subdivision Development Review Committee Date: _____

Referral Mail-Out Date: _____ Referral Due Date: _____

Date of Informational Mailing: _____ Date of Acceptance Mailing: _____

APPLICATION TYPE: _____ Revision of Case # _____ Companion Cases: _____

PROJECT NAME:

Complete address (if applicable) _____ Tax Account #: _____

Geographic Location (distance related to or near major intersection) _____

Total Acreage:	Aviation Policy Area:	Election District:
Tax Map/Grid:	Current Zone(s):	Council District:
WSSC Grid:	Existing Lots/Blocks/Parcels:	Dev. Review District:
Planning Area:	In Municipal Boundary:	Is development exempt from grading permit pursuant to 32-127(a)(6)(A): <input type="checkbox"/> Y <input type="checkbox"/> N

(2002) General Plan Tier: Developed Developing Rural Area of proposed LOD: _____

Proposed Use of Property and Request of Proposal: (if same as applicant indicate same/corporation see Disclosure)	Please list and provide copies of resolutions of previously approved applications affecting the subject property:
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Applicant Name, Address & Phone:	Consultant Name, Address & Phone:
Owner Name, Address & Phone: (if same as applicant indicate same/corporation see Disclosure)	Contact Name, Phone & E-mail:

SIGNATURE (Sign where appropriate; include Application Form Disclosure for additional owner's signatures)

Owner's Signature typed & signed Date

Applicant's Signature typed & signed Date

Contract Purchaser's Signature typed & signed Date

Applicant's Signature typed & signed Date

SUBDIVISION CASES – PRELIMINARY PLAN/CONSERVATION SKETCH PLAN:**Type of Application (Check all that apply)**

Conventional <input type="checkbox"/>	Comprehensive Design <input type="checkbox"/>	Conservation Sketch Plan <input type="checkbox"/>	Pre-Preliminary Plan <input type="checkbox"/>
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Variation, Variance or Alternative Compliance Request(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicable Zoning/Subdivision Regulation Section(s):
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Total Number of Proposed:
 Lots _____ Outlots _____ Parcels _____ Outparcels _____

Number of Dwelling Units: Attached _____ Detached _____ Multifamily _____	Gross Floor Area (Nonresidential portion only):
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SUBDIVISION CASES – FINAL PLAT:

Water/Sewer: DER <input type="checkbox"/> Health Dept. <input type="checkbox"/>	Number of Plats:
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CSP/DSP/SDP No.:	WSSC Authorization No.:
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Preliminary Plan No.:

Approval Date of Preliminary Plan:

URBAN DESIGN AND ZONING CASES:

Details of Request:	Zoning Ordinance Section(s):
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Total Number of Proposed:
 Lots _____ Outlots _____ Parcels _____ Outparcels _____

Number of Dwelling Units: Attached _____ Detached _____ Multifamily _____	Gross Floor Area (Nonresidential portion only):
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Variance Request Yes <input type="checkbox"/> No <input type="checkbox"/>	Applicable Zoning/Subdivision Regulation Section(s):
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Departure Request Yes <input type="checkbox"/> No <input type="checkbox"/>	Application Filed Yes <input type="checkbox"/> No <input type="checkbox"/>
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Alternative Compliance Request Yes <input type="checkbox"/> No <input type="checkbox"/>	Application Filed Yes <input type="checkbox"/> No <input type="checkbox"/>
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APPLICATION FORM DISCLOSURE

List all persons having at least five percent (5%) interest in the subject property **ONLY required for Special Exception and Zoning Map Amendment Applications.**

Owner(s) Name - printed	Signature and Date	Residence Address

If the property is owned by a corporation, please fill in below.

Officers	Date Assumed Duties	Residence Address	Business Address

Board of Directors	Date Assumed Duties	Date Term Expires	Residence Address	Business Address

**THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION
 14741 GOVERNOR ODEN BOWIE DRIVE
 UPPER MARLBORO, MD 20772
 DEVELOPMENT REVIEW DIVISION
 301-952-3530**