

APPLICATION FORM

APPLICATION TYPE: _____ <input type="checkbox"/> Revision of Case # _____		
Companion Cases: _____		
Payment option: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check (payable to M-NCPPC) <i>Do not submit payment until requested by staff</i>		
PROJECT NAME: _____		
Complete address (if applicable) _____		
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"/> Yes <input type="checkbox"/> No
Tax Account #:	Police District #:	General Plan Growth Policy:
Proposed Use of Property and Request of Proposal:		Please list previously approved applications affecting the subject property:
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 (signed) Date

 Applicant's Signature (signed) Date

 Contract Purchaser's Signature (signed) Date

 Applicant's Signature (signed) Date

FOR STAFF USE ONLY	Application No.(s): _____
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SUBDIVISION CASES: Preliminary Plan of Subdivision/Conservation Sketch Plan	
Type of Application (Check all that apply): <input type="checkbox"/> Conventional Subdivision <input type="checkbox"/> Conservation Subdivision <input type="checkbox"/> Conservation Sketch Plan <input type="checkbox"/> Subdivision Ordinance Interpretation <input type="checkbox"/> Vacation Petition	
Variation, Variance or Alternative Compliance Request(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicable Zoning/Subdivision Regulation Section(s): _____
Total Number of Proposed: Lots _____ Outlots _____ Parcels _____ Outparcels _____	
Number of Dwelling Units: Attached _____ Detached _____ Multifamily _____	Gross Floor Area (Nonresidential portion only): _____
SUBDIVISION CASES: Final Plat	
Water/Sewer: <input type="checkbox"/> DER <input type="checkbox"/> Health Department	Number of Plats: _____
Detailed Site Plan No.: _____	WSSC Authorization No.: _____
Approval Date of Preliminary Plan: _____	
URBAN DESIGN AND ZONING CASES	
Type of Application (Check all that apply): <input type="checkbox"/> Certification of Nonconforming Use <input type="checkbox"/> Conservation Plan <input type="checkbox"/> Detailed Site Plan <input type="checkbox"/> Planned Development <input type="checkbox"/> Secondary Amendment <input type="checkbox"/> Special Exception <input type="checkbox"/> Zoning Map Amendment <input type="checkbox"/> Zoning Ordinance Interpretation	
Details of Request:	Applicable Zoning Ordinance Section(s):
Total Number of Proposed: Lots _____ Outlots _____ Parcels _____ Outparcels _____	
Number of Dwelling Units: Attached _____ Detached _____ Multifamily _____	Gross Floor Area (Nonresidential portion only): _____
Variance Request: <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicable Zoning/Subdivision Regulation Section(s): _____
Departure Request: <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Alternative Compliance Request: <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Officers	Date Assumed Duties	Date Term Expires	Residence Address	Business Address