



## 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: \_\_\_\_\_

**Payment option:**  Check (payable to M-NCPPC)  Credit Card General Plan Growth Policy:

**PROJECT NAME:**

Complete address (if applicable) \_\_\_\_\_ Tax Account #: \_\_\_\_\_  
 Geographic Location (distance related to or near major intersection) \_\_\_\_\_ Police District #: \_\_\_\_\_

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:
Applicant Name, Address & Phone:  Owner Name, Address & Phone: (if same as applicant indicate same/corporation see Disclosure)	Consultant Name, Address & Phone:  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**