



APPLICATION FORM

APPLICATION TYPE: _____ Revision of Case # _____

Companion Cases: _____

Payment option: Credit Card Check (payable to M-NCPPC) *Do not submit payment until requested by staff*

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)?
 Yes 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: _____ Contact Name, Phone & E-mail: _____
(if same as applicant indicate same/corporation see Disclosure)

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): _____



SUBDIVISION CASES: Preliminary Plan of Subdivision/Conservation Sketch Plan

Type of Application (Check all that apply): Conventional Subdivision Conservation Subdivision
 Conservation Sketch Plan Subdivision Ordinance Interpretation Vacation Petition

Variation, Variance or Alternative Compliance Request(s):
 Yes 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: DPIE Health Department

Number of Plats: _____

Detailed Site Plan No.: _____

WSSC Authorization No.: _____

Approval Date of Preliminary Plan: _____

Check box if a hearing is requested:

URBAN DESIGN AND ZONING CASES

Type of Application (Check all that apply): Certification of Nonconforming Use Conservation Plan
 Detailed Site Plan Planned Development Secondary Amendment Special Exception
 Zoning Map Amendment 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:
 Yes No

Applicable Zoning/Subdivision Regulation Section(s):

Departure Request:
 Yes No

Application Filed:
 Yes No

Alternative Compliance Request:
 Yes No

Application Filed:
 Yes 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