

MANDATORY REFERRAL APPLICATION FORM

APPLICANTS DO NOT WRITE IN THIS SPACE

Application No.(s):	Full Review:	Administrative Review:
Acceptance Date:	Plan Reviewer Name:	
Stakeholder Notification Date:	Planning Board Date:	Referral Due Date:
Date of Informational Mailing Date:	Date of Acceptance Mailing:	
PROJECT NAME:		
Geographic Location (related to or near major intersection):		
Street Address (if available):		
Companion Case(s):		
Total Area (acres):	Planning & Policy Analysis Areas:	Election District:
Tax Map/Grid:	Current Zone(s):	Council District:
200 Sheet:	Existing Lots/Block/Parcels:	Dev. Review District:
COG TAZ:	PG TAZ:	Aviation Policy Area:
Plat Book/Page:	Municipality(ies):	
General Plan: <input type="checkbox"/> Established Community <input type="checkbox"/> Employment Area <input type="checkbox"/> Rural/Agricultural Area <input type="checkbox"/> Future Water/Sewer Service Area		
Total Number of Lots or Parcels:		Tax Account Number:
WSSC Grid:		Overlay Zone(s):
Basin: <input type="checkbox"/> Anacostia <input type="checkbox"/> Potomac <input type="checkbox"/> Patuxent		Subwatershed:
Is this site in a Priority Funding Area (PFA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a historic site or resource on the subject property? <input type="checkbox"/> Yes <input type="checkbox"/> No Historic Site ID:		
Proposed Use, Activity, and/or Request:		List and provide copies of resolutions of previously approved applications affecting the subject property or state not applicable (N/A):
Agency Name:		Consultant Name:
Address:		Address:
Phone:		Phone:
Property owner:		Contact Person:
Address:		E-mail address:
Phone:		Phone:
		Email:

AUTHORIZED SIGNATURE:

Signature Date Relationship to Property Owner

Printed Name

PLEASE SUBMIT COMPLETED MANDATORY REFERRAL APPLICATION WITH THE COMPLETED INTAKE QUESTIONNAIRE FORM TO: MANDATORYREFERRALAPPLICATIONS@PPD.MNCPPC.ORG