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SITE PLAN APPLICATION

Initial Application Final Application Revised Application Amendment

M-NCPPC Staff Use Only			
File Number	8 _____	Fee (attach worksheet)	_____
Date Application Received	_____	Fee Received by	_____
MCPB Hearing Date	_____	DRC Meeting Date	_____
Reviewer's Name	_____		

An application will not be accepted for review unless all required information and fees are provided. If an item requires more space, attach a separate sheet.

Site Plan Name : _____ Acres _____ Sq.ft. _____

200 scale Base Map # _____ Tax Map # _____ Special Protection Area _____

Property Tax Account Number(s) associated with the plan (8 digits)

A. _____ B. _____ C. _____ D. _____ E. _____
 F. _____ G. _____ H. _____ I. _____ J. _____

Location: (Complete either A or B)

A. On _____, _____ feet _____ of _____
Street Name (N,S,E,W etc.) Nearest Intersecting Street

B. _____ quadrant, intersection of _____ and _____
(N,S,E,W etc.) Street Name Street Name

Subdivision Information: (Complete either C, if located within a recorded subdivision, or D)

C. Lot _____ Block _____ Subdivision _____

D. Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____; Parcel _____ Liber _____ Folio _____

Applicant (Owner, Owner's Representative, or Contract Purchaser – check applicable; written verification required if not the owner.)

Name Contact Person

Street Address

City State Zip Code

Telephone Number ext. Fax Number E-mail

Owner (If Applicant Is a representative or contract purchaser, list owner here)

Name Contact Person

Street Address

City State Zip Code

Telephone Number ext. Fax Number E-mail

Engineer or Surveyor

Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail*

Architect

Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail*

Landscape Architect

Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail*

Attorney

Name *Contact Person*

Street Address

City *State* *Zip Code*

Telephone Number *ext.* *Fax Number* *E-mail*

Development Information: (See attached Submission Requirements, section 5)

Method of Development: Standard Cluster MPDU TDRs, # _____ Optional

Attach separate sheet with TDR serial numbers (example 10-6222)

Zoning	Overlay Zone	Acres	Development Type Code	Existing/Previously Approved Resid'l du/Comm'l sf	Retained Resid'l du/Comm'l sf	Proposed Resid'l du/Comm'l sf	*	MPDU du	Other Affordable Housing du	Age Restricted Housing du	Senior Housing du	# of Lots	# of Out-lots
Total plan acres			Total Resid'l										
			Total Comm'l										
* Maximum number of dwelling units (du) allowed by zoning ↑ (make only 1 entry per zone)													

Areas Dedicated to Public Use:

Road ROWs	Other ROWs	Schools	Parks	Other	Total

Supplementary Information:

Previous Plan Submittals: (enter information, if applicable)

Zoning case: _____ Date granted ___/___/___ Case No. G - _____
 Approved Development Plan or _____ Date granted ___/___/___ Case No. DPA - _____
 Approved Schematic Development Plan: _____ Date granted ___/___/___ Case No. _____ - _____
 Special Exception: _____ Date granted ___/___/___ Case No. _____ - _____
 Variance: _____ Case No. A- _____
 NRI/FSD Name: _____ File Number 4- _____
 Project Plan Name: _____ File Number 9- _____
 Pre-Application Name: _____ File Number 7- _____
 Preliminary Plan Name: _____ File Number 1- _____
 Previously Approved Site Plan Name: _____ File Number 8- _____

Planning Board Resolution/Opinion Date: ___/___/___

Status: Void Extended to (date) ___/___/___ Withdrawn Amended by this application

If resubdivision of record lots, enter M-NCPPC record plat book & page numbers: _____ - _____

Describe the nature of the amendment or revision, if applicable. (Note: This form applies only to full plan amendments.) Attached

Is this site plan being reviewed concurrently with? Project Plan 9 _____
 Site Plan 8 _____
 Preliminary Plan 1 _____

Has the applicant had any pre-submission meetings with M-NCPPC staff? Yes No

Name of Staff: _____ Date of meeting(s): _____ (Submit minutes)

Is this plan being reviewed as a "Green Tape" project for affordable housing? Yes No

Is the property in the Locational Atlas and Index of Historic Sites? Yes No

Does this project use deed transfers from other properties, if yes, list the property ID Nos. Yes No

- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____

Is the property in the Master Plan for Historic Preservation? [] Yes [] No
Is the property in an incorporated municipality? [] Yes, _____ [] No
Is the property in a special taxing district? [] Yes, _____ [] No

Waiver(s) requested, if any [] Yes, _____ [] No
(Identify code section and address in the Statement of Justification) [] Justification attached

Legal restrictions on property not shown on plan, if any* (See Submission Requirements, section 4.17)

*MNCPPC does not enforce easements and any other private legal agreements.

Stormwater management concept plan approval date: _____

Electric service provided by: [] Allegheny Power [] BG&E [] PEPCO

Requested Waivers: (if any)

[] Parking Waiver
Zoning Ordinance Section 59-E- _____
Description of wavier request:

[] Other Waivers
Zoning Ordinance Section 59- _____
Description of waiver request:

Applicant hereby certifies that he/she is the sole owner of the subject property, is otherwise legally authorized to represent the owner(s) (written verification provided), or is a contract purchaser authorized to submit this application by the property owner (written verification provided). Applicant hereby acknowledges that the 60-day time allotted for review by the Planning Board, as set forth in Section 50-35(f) of the Subdivision Regulation, will not commence until final plan drawings and all supporting information necessary for a decision on the subject application is provided to the Montgomery County Department of Planning so that it can be referred to the appropriate agencies for final comment.

Signature of Applicant (Owner, Owner's Representative or Contract Purchaser)

Signature

Date

Name (Type or Print)

4.4	An exterior Lighting Plan, so titled, including all parking areas, driveways and pedestrian ways, and including the height, number, and type of light fixtures, and a diagram of light distribution characteristics with photometrics.....	7		
4.5	Grading feasibility study of MCPS school sites to be dedicated, and certification of environmental acceptability	2		
4.6	Final Forest Conservation Plan and Worksheet, including tree survey of 24" diameter and greater trees within 50' either side of the limit of disturbance or FCP Exemption letter.....	8		
4.7	Approved Stormwater Management Concept Plan, so titled, or 1" = 30' (or approved plan for off-site SWM), including MCDPS approval letter	10		
4.8	Proposed Storm Drainage Area, so titled, at 1" = 30', and computations, if separate drawing.....	10		
4.9	Proposed Sediment Control Plan, so titled, at 1" = 30', including tree protection measures, if separate drawing.....	5		
4.10	Architectural schematic plans and elevations for buildings and structured parking, identifying height, general description, phasing and signage, as required by staff	1 full size/11 x 17 size		

The engineer or surveyor hereby certifies that all required information for the submission of a site plan has been included with this application.

Signature of Engineer/Surveyor

Signature

Date

Name (Type or Print)