



Development Review Division  
**Montgomery County Planning Department**  
Maryland-National Capital Park and Planning Commission

1 of 3

8787 Georgia Avenue  
Silver Spring, Maryland 20910-3760

[www.mcparkandplanning.org](http://www.mcparkandplanning.org)

Effective: April 2, 2008

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## SUBDIVISION REGULATION WAIVER REQUEST

### M-NCPPC Staff Use Only

File Number

Date Application Received

DRC Meeting Date

SRW - \_\_\_\_\_

Fee (attach worksheet)

Fee Received by

MCPB Hearing Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*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.*

**Proposed Subdivision 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 A, if located within a recorded subdivision, or B)*

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

**Supplementary Information:**Justification statement for waiver request: ☐ AttachedAre there any legal restrictions applicable to this property other than those shown on this plan?\* ☐ Yes ☐ No

If yes, please describe (attach supplemental information, if needed):

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

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

Name of Staff: \_\_\_\_\_ Date of meeting(s): \_\_\_\_\_ (Submit minutes)

Is the property in the Locational Atlas and Index of Historic Sites? ☐ Yes ☐ NoIs the property in the Master Plan for Historic Preservation? ☐ Yes ☐ NoIs the property in an incorporated municipality? ☐ Yes, \_\_\_\_\_ ☐ NoIs the property in a special taxing district? ☐ Yes, \_\_\_\_\_ ☐ No**Existing Sewer and Water Categories:**

Existing Service Category: Sewer \_\_\_\_\_ Water \_\_\_\_\_ Pending Service Category: Sewer \_\_\_\_\_ Water \_\_\_\_\_

**Proposed Sanitary Systems:** ☐ Public Water ☐ Public Sewer ☐ Well ☐ Septic

Are you requesting advice or action regarding a waiver or variance of any zoning and/or subdivision standards?

☐ Yes ☐ No (If yes, application must include a Statement of Justification)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).**Signature of Applicant** (Owner, Owner's Representative or Contract Purchaser)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Name (Type or Print)**Checklist**

See Submission Requirements for more details about the items below:

**Initial Applications:** submit only 2 copies of relevant items below**1. General Information**

1.1 Complete application form and checklist.....

1.2 Complete fee schedule and worksheet .....

1.3 Notice List prepared in conformance with the Manual of Development Review Procedures on printer labels and paper copy of labels.....

1.4 Statement of Justification to support approval of the subject application

**2. Plan Drawings**

2.1 Concept drawings , including vicinity map, location of property, north arrow, scale (folded copies).....

2.2 CD with PDF of plan drawings.....

No. Copies	Engineer/ Surveyor	M-NCPPC Staff
1	Submitted or Waived By	Accepted or Not Accepted
1		
2 sets of labels & 1 paper copy		
20		
40		
1		

*The engineer, surveyor or plan preparer hereby certifies that all required information for the submission of a pre-application concept plan has been included in this application, and that to the best of his/her knowledge, information, and reasonable belief, the information and data are accurate.*

**Signature of ☐ Engineer, ☐ Surveyor or ☐ Plan Preparer**

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Name (Type or Print)*