

**ANNE ARUNDEL COUNTY, MARYLAND
DEVELOPMENT APPLICATION**

Team: _____ S# _____

Submittal Date: _____ P# _____

C# _____

Pre/Post Community Meeting Date: _____

Meeting Location: _____ Fee: _____

Adequacy of Public Facilities (APF) to be reviewed during: Sketch ___ Final ___ Preliminary ___ Site Development ___

Subdivision Name: _____

Former Name: _____

Location: N E S W side of _____ approx. _____ feet from the N E S W

Side of _____ (nearest intersecting road). City: _____

Tax Map (s) _____ Block (s) _____ Parcel (s) _____

Tax Account # _____ Parcel # _____

Tax Account # _____ Parcel # _____

Tax Account # _____ Parcel # _____

P&Z 200' scale map _____ 600' scale _____ 1000' scale _____

ADC Map _____/_____ Census _____ Age Restricted: ___Y ___N

Assessment District _____ Councilmanic District _____ Zoning: _____

_____	_____	_____	_____
Water Service Area	Page #	Category	Total # EDU's

_____	_____	_____	_____
Sewer Service Area	Page #	Category	Total # EDU's

Individual Well: Y N Individual Septic: Y N

FIRM Map # _____ Zone _____ Elevation _____

Airport Zone: Y N Noise: Y N Flight Path: Y N

Critical Area: Y N IDA _____ acres LDA _____ acres RCA _____ acres

Wetlands: Y N Tidal Non-Tidal (circle one, if applicable)

Floodplain: Y N Coastal Non-Tidal (circle one, if applicable)

Bogs: Y N 100' Buffer: Y N 300' Buffer: Y N CDA Area: Y N

Steep Slopes: 15%: Y N 25%: Y N

Building Permit # _____ Grading Permit # _____

Project Type: (check all that apply)

Residential: ___ Single Family Detached ___ Condominium ___ Townhouses ___ Multi-Family
 ___ Duplex ___ Semi-Detached ___ Rentals ___ PUD
 ___ Mixed Use ___ Cluster ___ Other (specify _____)

Commercial: ___ Commercial ___ Industrial ___ Town Center ___ Mobile Home Park
 ___ Mixed Use ___ Multi Use ___ Revitalization Area
 ___ Other (specify _____)

of Existing Lots _____ # of Proposed Lots _____
of Existing Buildings _____ # of Proposed Buildings _____
Existing Sq Ft of Buildings _____ Proposed Sq Ft of Buildings _____
of Parking Spaces _____ # of Loading Spaces _____
Total Sq Ft of Site _____ Total Acreage of Site _____

Variance Case # _____
Special Exception Case # _____
Rezoning Case # _____
Board of Appeals Case # _____
Non Conforming Use Case # _____

Modifications: New Request? Y N
Modification # (s) _____

Watershed _____

FILL IN ONLY IF REQUESTING EXEMPTION FOR IMPACT FEES (§ 17-11-203(c))

Type of Facility Proposed:

- Assisted Living** as defined in the Health-General Article, § 19-1801, of the State Code
- Hospice** as defined by Health-General Article, § 19-901(c), of the State Code;
- Hospital** as defined in the Health-General Article, § 19-301(f), of the State Code;
- Nursing Home** as defined in the Health-General Article, § 19-1401(e), of the State Code
- Residential Dwelling Units** provided that the sale or rental of the units is restricted to persons having a household income not exceeding 120 percent of the area median income, adjusted by household size, as defined by the United States Department of Housing and Urban Development, or
- Residential Dwelling Units** that will be constructed under a program that requires the homebuyers to participate in the initial construction or rehabilitation of the units.

§501(c) of the Internal Revenue EIN _____ Effective Date of §501(c) _____

Legal Name of §501(c) _____

Owners Name

Address

City State Zip

Phone

Fax

Developer/Contract Purchaser Name

Address

City State Zip

Phone

Fax

E-Mail Address

Owners Name

Address

City State Zip

Phone

Fax

Consultant / Engineering Firm Name

Address

City State Zip

Phone

Fax

E-Mail Address

I/We certify that all of the information supplied with this submittal is complete and accurate.

Engineer/Land Surveyor/Developer/Owner