



MODIFICATION APPLICATION

**MODIFICATION APPLICATION: (Following information to be completed by the applicant
TYPEWRITTEN OR PRINTED)**

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

As part of the development review process certain modifications have been requested and the following information is provided.

Modification Types: (Indicate the type and number of modifications requested)

____ Process: _____ Major, _____ Sketch _____ Minor, _____ Amended Plat _____ Other illegal parcels
____ Subdivision Standards: _____ Road improvements, _____ Water extension, _____ Sewer extension,
_____ Recreation area, _____ Street trees, _____ Lot size, _____ Lot ratio, _____ Lot density _____ PUD Setbacks
____ Design Manual Standards: _____ Cul de sac, _____ Right of way width, _____ Pavement width,
_____ Sight distance, _____ Road radius, _____ Road intersection spacing
____ Environmental: _____ Steep Slopes, _____ Specimen Trees, _____ Wetland Impacts, _____ Buffers
____ Storm Water Management:
____ Flood Plain:
____ Other:(specify) _____

Development Types: (check one and complete appropriate information)

____ Major Subdivision:
Name: _____
Subdivision No. **S** _____ Project No. **P** _____
____ Minor Subdivision:
Name: _____ Subdivision No. **MS** _____
____ Site Development Plan:
Name: _____ Site Plan No. **C** _____
____ Grading Permit #**G** _____
____ Building Permit #**B** _____
____ Tax Account #: (reqd. for sketch modifications) _____

Location: N S E W side of _____ Street _____ feet
N S E W of _____ Street (closest intersecting street)
Tax Map _____ Block _____ Parcel _____
Tax Assessment District _____ Councilmanic District _____
Size of Tract (Acreage) _____
(Circle appropriate directions)

APPLICANT SHOULD REVIEW FEE COSTS ON NEXT PAGE AND SUBMIT ACCORDINGLY

Detailed Description of Each Modification Request:

SIGNATURE:

(APPLICANT/AGENT) _____ **DATE** _____

(Following to be completed by Office of Planning and Zoning)

MODIFICATION NUMBER(S): _____ **DATE** _____

If Meeting Required – Meeting Date/Time: _____

For more information, contact:

- _____ South Team at 410.222.7960
- _____ North Team at 410.222.7458
- _____ Regional Team at 410.222.7485
- _____ Critical Area Team at 410-222-7960

Washington and 301 access line: 301.970.8250 ext. South 7960, North 7458, Regional 7485

Written justification and studies submitted: Yes _____ No _____

FEE SCHEDULE: (EFFECTIVE May 12, 2005)

Modification

(Can be combined except for those below) _____ @\$250=

AOF:

Signs: \$30.00 _____ @30. =

Postage: 1st class rate * 2 * #of property owners _____ .39 =

Flood Plains _____ @\$250=

Storm Water Management _____ @\$250=

Other fees: _____

_____ **Subtotal \$** _____

Total \$ _____

Signature: _____

Applicant responsible for submittal of ad to newspaper (local) and payment - proof reqd.)