

**ANNE ARUNDEL COUNTY, MARYLAND  
DEVELOPMENT APPLICATION**

<b>APPLICATION TYPE:</b>
Concept
Sketch
Final
Preliminary
Site Development

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  
 Allocations of Utilities to be vested during: Sketch Final Preliminary Site Development  
 If Final Plan, will PWA be deferred: Yes No (circle one, if applicable)

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/Units \_\_\_\_\_ # of Proposed Lots/Units \_\_\_\_\_  
# 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) \_\_\_\_\_

The applicant/owner hereby certifies and agrees as follows: 1) that he/she is authorized to make this application; 2) that the information contained in this Application is accurate and correct; 3) that by this application he/she grants County Officials the right to enter the property for the purpose of inspecting existing site conditions in order to verify existing conditions plans and delineations provided with this application.

\_\_\_\_\_  
Owners Name (Print & Signature)

\_\_\_\_\_  
Owners Name (Print & Signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Developer/Contract Purchaser Name

\_\_\_\_\_  
Consultant / Engineering Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

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

\_\_\_\_\_  
Engineer/Land Surveyor/Developer/Owner  
(Print & Signature)

Revised 5/10/2017

Revised 1/21/2021