



ANNE ARUNDEL COUNTY, MARYLAND
ADMINISTRATIVE DECISION REQUEST APPLICATION
SITE DEVELOPMENT §17-4-101(3)

Date _____

Property Owner _____ Consultant _____

Address _____ Address _____

Phone # _____ Phone # _____

Email Address (Req'd) _____ Email Address (Req'd) _____

Site Location

Address _____

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

Zoning _____

Building Permit # _____

Grading Permit # _____

Development Type: (check all that apply)

- ___ Residential
- ___ Commercial
- ___ Industrial
- ___ Other (specify _____)

Total Sq Ft of Site _____

Total Acreage of Site _____

of Existing Dwelling Units _____

of Proposed Dwelling Units _____

Existing Sq Ft of Structures _____

Proposed Sq Ft of Structures _____

Variance Case # _____

Special Exception Case # _____

Rezoning Case # _____

Board of Appeals Case # _____

Non-Conforming Use Case # _____

§ 17-4-101(3) Applicability Criteria

(i) Cumulative Sq Ft of floor area (§18-1-101(59)) added to the site as of March 12, 2022 (Bill 99-21) _____ **Sq Ft***

**This number may not exceed 4,000 Sq Ft.*

(ii) Proposed increase of impervious surface _____ **Sq Ft***

**This number may not exceed 4,000 Sq Ft.*

(iii) Cumulative number of EDUs of public water and/or sewer allocated as of March 12, 2022 (Bill 99-21) # _____ **EDUs**

NOTE: This number may not exceed 4 EDUs.

(iv) Proposed limit of disturbance _____ **Sq Ft***

**This number may not exceed 5,000 Sq Ft.*

(v) Proposed new daily vehicle trips # _____ **trips***

***This number may not exceed 50 or result in the requirement for a traffic impact study.**

(vi) Sufficient water supply for providing adequate fire suppression **YES** _____ **NO** _____

(vii) Parking required # _____ **spaces** Parking provided # _____ **spaces**

Adequate onsite stacking capacity **YES** _____ **NO** _____

(viii) Need for a variance **YES** _____ **NO** _____

(ix) Adequate land area to meet landscape requirements **YES** _____ **NO** _____

(x) Proposed impacts to cultural resources or scenic or historic roads **YES** _____ **NO** _____

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) _____

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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.

Owner Name (Print)

Owner Name (Print)

Owner Name (Signature)

Owner Name (Signature)

Developer/Contract Purchaser Name

Consultant/Engineering Firm Name

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

Engineer/Land Surveyor/Developer/Owner (Print)

Engineer/Land Surveyor/Developer/Owner (Signature)