



**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 1,000 Sq Ft.*
- (ii) Proposed increase of impervious surface \_\_\_\_\_ **Sq Ft\***  
*\*This number may not exceed 1,000 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)