

	<h2 style="text-align: center;">Site Plan Review (SPR) Commercial Concept Review Application Checklist</h2> <p style="text-align: center;">Calvert County, Maryland Department of Planning and Zoning 150 Main Street, Prince Frederick, MD 20678 Phone: (410) 535- 2348 or (410) 535-1600 ext. 2356 TDD: (410) 535-6355 Fax: (410) 414-3092 Email: PZ@CalvertCountyMD.gov</p>
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To Be Used For (check all that apply):

Category I Site Plan Application Submittal Category II Site Plan Application Submittal
 Building Permit Review Major Plot Plan Review Development Feasibility Study
 Mandatory Board of Appeals referrals (Provide detailed description of BOA request, including use, hours, maximum size, capacity, etc.)

Applicant/Agent Name: _____

Email: _____	Phone: _____
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Concept Meeting Date: _____	File # (assigned by P&Z): _____
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PROPERTY IDENTIFICATION

Business Name: _____	Previous Site Plan Review File: _____
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Premise Address: _____

Road Frontage: _____	Road Ownership: <input type="checkbox"/> SHA <input type="checkbox"/> County <input type="checkbox"/> Private
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Tax Map: _____	Parcel: _____	Tax ID: _____
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Zoning District: _____	Town Center: _____	Sub District: _____
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Critical Area: None IDA LDA LDA3 RCA

Total Acreage: _____	Disturbed Acreage: _____
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APPLICATIONS RELEVANT TO THIS PERMITTED USE

	Previous Application No.:	Proposed Application No:
Architectural Review		
Board of Appeals		
Historic District		
Lease Lot		

Date Submitted _____

Planning & Zoning Case No. _____

Previous Site Plan		
Private Water		
Public Water		
Replat/Combine Parcels/Lots		
Rezoning		
Septic		
Sewer		
Subdivision		
Zoning Use		

PROJECT DESCRIPTION

Gross square footage, existing:		Gross square footage, new construction:	
Gross square footage, total:			
Height of Building:	<input type="checkbox"/> N/A	Enrollment number:	<input type="checkbox"/> N/A
Basement/below-grade floor:	<input type="checkbox"/> N/A	Patron area:	<input type="checkbox"/> N/A
Number of floors above-grade:	<input type="checkbox"/> N/A	Occupant capacity:	<input type="checkbox"/> N/A
Number of Classrooms:	<input type="checkbox"/> N/A	Number of employees:	<input type="checkbox"/> N/A

CALVERT COUNTY ZONING ORDINANCE REFERENCES

Provide the following information from the CCZO (available in the Department of Planning & Zoning, the Public Library, and online at <http://md-calvertcounty.civicplus.com> . [See CCZO Land Use Tables 3-1 and 3-2.]

Sq. ft. (Gross Subtotal) <i>e.g., 6,000</i>	Description <i>e.g., Garden Center</i>	ZO Reference <i>e.g., 3-1.02</i>

The minimum lot area and setbacks from the CCZO Table 6-1 or Town Center Ordinance
[See CCZO Table 6-1 or Town Center Ordinance.]

Front:	Side:	Rear:	Minimum lot area:
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Parking category [See CCZO Table 6-2.]

REDUCTIONS AND WAIVERS

State any request here for reduction or waiver from Planning Commission or PC Administrator (see Request for Waivers form); or for a Variance or Special Exception from the Board of Appeals.

From:	Type:	Description:
From:	Type:	Description:
From:	Type:	Description:

RESIDENTIAL SITE PLANS (for attached housing or multi-family)

No. of Dwelling Units:	Type:	CCZO Reference:
No. of Dwelling Units:	Type:	CCZO Reference:
Density/Units per Acre (divide the number of units by the acreage)		
Open Space Acreage		

CHECKLIST:

Please bring the following to the meeting:

1. Concept plan with topography showing existing features and proposed site improvements. (Topographical maps may be obtained from Calvert County Department of Technology Services, 410-535-1600 ext. 2555.)	<input type="checkbox"/>
2. Tax map (http://md-calvertcounty.civicplus.com/index.aspx?NID=567)	<input type="checkbox"/>
3. Six (6) complete plan sets for review	<input type="checkbox"/>
4. For TEG Informal Meeting Review Only: This form, completed (SPR-108, "Commercial Concept Review Application and Checklist"), received by the 3rd Thursday prior to the TEG meeting, with Agent and Owner original signatures and dates	<input type="checkbox"/>
5. For TEG Formal Review Only: A CD containing a PDF of entire submittal.	<input type="checkbox"/>

Concept review meetings will be held at the end of the Technical Evaluation Group (TEG) site plan review meeting on the fourth Wednesday of the month, 8:30 a.m.

Other individual concept review meetings can be arranged by appointment with advance notice. Call Terry Williams, Development Review Coordinator for Planning & Zoning at 410-535-1600 ext. 2642 for scheduling and instructions.

Date Submitted _____

Planning & Zoning Case No. _____

Disclaimer: While County staff will provide assistance, applicants are responsible for identifying all local, state and federal regulatory aspects of a project.

CONCEPT REVIEW TOPICS FOR DISCUSSION	
Zoning:	
Land use density:	
Parking:	
Setbacks:	
Entrance and driveway:	
Off-site road work and Public Works Agreement: (SHA & DPW APFO)	
Stormwater management:	
Septic recovery area and perc. testing:	
Water & sewer public utility plan review:	
Forestry:	
Environmental constraints:	
Architectural Review referral:	
Subdivision or plat review, recorded documents, easements:	
Other:	

OWNER AUTHORIZATION

I/We the undersigned and the owners of the property described above do hereby submit this application for subdivision and authorize the agent(s) listed below to act on my/our behalf. I/We also grant any review agencies and/or board members permission to conduct site visits to the subject property. ***(IF there are more than two owners, please attach a supplemental signature form.)***

First Owner

First Owner's Corporation (if any):

(Print or Type) First Name:	Last Name:
Signature:	Date:
Mailing Address:	Email:
City:	State: Zip Code:
Phone:	Fax:

Second Owner		
Second Owner's Corporation (if any):		
(Print or Type) First Name:	Last Name:	
Signature:		Date:
Mailing Address:	Email:	
City:	State:	Zip Code:
Phone:	Fax:	
APPLICANT INFORMATION & AUTHORIZATION (ONLY if different from owner)		
I/We the undersigned do hereby submit this application for subdivision and authorize the agent listed below to act on my/our behalf. (<i>IF there is more than one applicant, please attach a supplemental signature form.</i>)		
Corporation (if any):		
(Print or Type) First Name:	Last Name:	
Signature:		Date:
Mailing Address:	Email:	
City:	State:	Zip Code:
Phone:	Fax:	
AGENT CERTIFICATION		
I certify that the information, attachments and plans submitted herewith are true and correct to the best of my knowledge and ability. I file this application and will act on behalf of the owner(s) and applicant(s) listed above.		
Agent's Corporation (if any):		
(Print or Type) First Name:	Last Name:	
Signature:		Date:
Mailing Address:	Email:	
City:	State:	Zip Code:
Phone:	Fax:	