



Subdivision Application

Calvert County, Maryland

Department of Planning and Zoning

150 Main Street, Prince Frederick, MD 20678

Phone: (410)535-2348 or (301)855-1243 TDD: (410) 535-6355

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Notice! Separate applications must be filed with the following agencies if applicable to the subdivision. Other agency permits may be necessary:

- Environmental Health for drain field percolation tests
- State and Federal wetland permits for developments involving wetlands
- State Highway Administration for access permits on state roads

Note: All information must be completed if applicable. Incomplete applications/forms/checklists, plans, etc. will result in the entire submittal package being returned to the engineer.

PROJECT INFORMATION

Project Name: _____

Type of Subdivision: Residential Commercial Industrial Mixed Use Institutional

Subdivision Type: Major Minor (Major subdivisions are defined as: (1) When the total number of residential lots derived from the Parent Tract (as of June 29, 1967) is six or more. (2) Any division of non-residential land for development purposes and/or the creation of any new public rights-of-way.)

Utilities: Public Sewer Septic System Public Water Well

Mandatory clustering per Section 5-2.01 yes no Clustered subdivision yes no

# of Exception Lots: _____	Total Parcel Acreage: _____	Average Lot Size: _____
# of Conventional Lots: _____	Wetlands Acreage: _____	Total Area in Lots: _____
# of Family Conveyance Lots: _____	Net Acreage: _____	Total Open Space* Acreage: _____
# of TDR Lots: _____		Public R/W Acreage: _____
# of Receiving Area Lots: _____		Private R/W Acreage: _____
TOTAL LOTS PROPOSED: _____		Widening Strip Acreage: _____
		Recreation Area Acreage: _____
		Residue Acreage: _____
		Total Platted Area: _____

Multi-Family Subdivision Information (if applicable). If subdivision involves multi-family units, provide the number of units and the density. To obtain the density, divide the total number of units by the acreage involved with each unit type):

# of Townhouses: _____	Density (units per acre): _____
# of Apartments: _____	Density (units per acre): _____
# of Duplexes: _____	Density (units per acre): _____
# of Condominiums: _____	Density (units per acre): _____

* Total acreage in open space shall include open space committed from previous cluster subdivisions, but shall not include lots or rights-of-way (see Section 5-2.01.C.2 of the Zoning Ordinance).

PROPERTY INFORMATION	
Location (Postal Area / City): Select from List	
Zoning District: Select from List If within a Town Center, specify sub-district of the Town Center: _____ Acreage within the Town Center: _____	
Is any portion of the property within the one-mile radius of a Town Center, as defined in Z.O. Section 2-10.02.C? Yes <input type="checkbox"/> No <input type="checkbox"/> If within the one-mile radius, indicate acreage: _____	
Road Frontage(s): _____	
Road Type: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Private	
Election District: _____	Community Planning District: _____
Is Subdivision within Critical Area?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, which district? <input type="checkbox"/> IDA <input type="checkbox"/> LDA <input type="checkbox"/> LDA3 <input type="checkbox"/> RCA	Acreage in Critical Area: _____

Parcel Information (parcels included in the subdivision):					
Tax Map No.	Parcel No.	Tax ID No.	Lot (if any)	Block (if any)	Section (if any)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Current or Past Applications ¹ (if any):			
Application Type	Case #	Resolution #	Action Date
<input type="checkbox"/> Rezoning	_____	_____	_____
<input type="checkbox"/> Board of Appeals	_____	_____	_____
<input type="checkbox"/> Subdivision	_____	_____	_____
<input type="checkbox"/> Transfer Zone	_____	_____	_____
<input type="checkbox"/> Agricultural Preservation District	_____	_____	_____
<input type="checkbox"/> Historic District	_____	_____	_____
<input type="checkbox"/> Historic Sites Survey	_____	_____	_____
<input type="checkbox"/> Site Plan Review	_____	_____	_____
<input type="checkbox"/> Replatting	_____	_____	_____
<input type="checkbox"/> Building or Grading Permit	_____	_____	_____
<input type="checkbox"/> Other (specify):	_____	_____	_____

Family Conveyance – Check any & all boxes if applicable:
<input type="checkbox"/> For access & rights-of-way *
<input type="checkbox"/> For creation of lots*
<input type="checkbox"/> Intra-family for forest conservation requirements (Declaration of Intent required with final plat)
<input type="checkbox"/> Intra-family transfer for critical area requirements*

¹ This shall include all applications, including those that may currently be pending. If, during the subdivision review process, other types of applications are submitted, this application shall be amended accordingly.

* Requires Family Conveyance Affidavit with preliminary plan application submittal.

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. <i>(If there are more than two owners, please attach a supplemental signature form.)</i>			
Owner's corporation (if any): _____			
Print or type First Name: _____		Last Name: _____	
Signature: _____		Date: _____	
Print or type First Name: _____		Last Name: _____	
Signature: _____		Date: _____	
Address: _____		Phone: _____	
City: _____		State: _____	Zip Code: _____
Phone: _____	Fax: _____	Email: _____	

APPLICANT INFORMATION & AUTHORIZATION (if different than 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 are more than two applicants, please attach a supplemental signature form.)</i>			
Applicant's corporation (if any): _____			
Print or type First Name: _____		Last Name: _____	
Signature: _____		Date: _____	
Print or type First Name: _____		Last Name: _____	
Signature: _____		Date: _____	
Address: _____		Phone: _____	
City: _____		State: _____	Zip Code: _____
Phone: _____	Fax: _____	Email: _____	

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: _____	
Address: _____			
City: _____		State: _____	Zip Code: _____
Phone: _____	Fax: _____	Email: _____	
Agent Notes:			