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|  | <h2 style="margin: 0;">Subdivision Application</h2> <h3 style="margin: 0;">Calvert County, Maryland</h3> <h3 style="margin: 0;">Department of Planning and Zoning</h3> <p style="margin: 0;">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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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, or other documents will result in the entire submittal package being returned to the engineer.

PROJECT INFORMATION

Project Name: _____

Types of Subdivision: Residential Commercial Industrial Mixed Use Institutional

Subdivision Type: Major Minor *(A major subdivisions is 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 Public Water Well

Mandatory clustering per Section 5-2.01: Yes No Clustering 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: |

| <p>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):</p> | | | | |
|---|------------|------------------------------|----------------|------------------|
| # of Townhouses: | | Density (units per acre): | | |
| # of Apartments: | | Density (units per acre): | | |
| # of Duplexes: | | Density (units per acre): | | |
| # of Condominiums: | | Density (units per acre): | | |
| <p>PROPERTY INFORMATION</p> | | | | |
| Postal area: | | City: | | |
| Zoning District: | | | | |
| <p>IF within a Town Center, specify sub-district of the Town Center:</p> | | | | |
| <p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | |
| <p>IF within the one-mile radius, indicate acreage:</p> | | | | |
| Road Frontage(s): | | | | |
| Road Type: | | | | |
| Election District: | | Community Planning District: | | |
| <p>Is subdivision within the Critical Area? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | |
| <p>IF within the Critical Area, which district?</p> | | | | |
| <p>PARCEL INFORMATION (parcels included in the subdivision)</p> | | | | |
| Tax Map No. | Parcel No. | Lot (if any) | Block (if any) | Section (if any) |
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| <p>APPLICATION HISTORY</p> | | | | |
| <p>Have there been any other applications, past or present, to the Planning & Zoning department regarding this property? <input type="checkbox"/> No <input type="checkbox"/> Yes (IF yes, please complete the table below.)</p> | | | | |

| Application Type | Case # | Resolution # | Action Date |
|---|--------|--------------|-------------|
| <input type="checkbox"/> Agricultural Preservation District | | | |
| <input type="checkbox"/> Board of Appeals | | | |
| <input type="checkbox"/> Building OR Grading Permit | | | |
| <input type="checkbox"/> Historic District | | | |
| <input type="checkbox"/> Historic Sites Survey | | | |
| <input type="checkbox"/> Replatting | | | |
| <input type="checkbox"/> Rezoning | | | |
| <input type="checkbox"/> Site Plan Review | | | |
| <input type="checkbox"/> Subdivision | | | |
| <input type="checkbox"/> Transfer Zone | | | |
| <input type="checkbox"/> Other (specify): | | | |

FAMILY CONVEYANCE (check as many as apply)

- No family conveyance
- For access and rights-of-way
- For creation of lots
- Intra-family for forest conservation area requirements (Declaration of Intent required with final plat)
- Intra-family transfer for critical area requirements

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 are more than two applicants, please attach a supplemental signature form.</i>) | | | |
| First Applicant | | | |
| 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 Applicant | | | |
| Second Owner's Corporation (if any): | | | |
| (Print or Type) First Name: | | Last Name: | |
| Signature: | | | Date: |
| Mailing Address: | | Email: | |
| City: | State: | City: | |

| | | | |
|--|--------|------------|-------|
| 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: | | |
| Agent Notes: | | | |