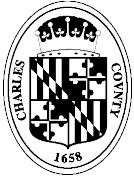


Conceptual Subdivision Plan Application

Effective August 25, 2017



Charles County Planning Commission

c/o: Department of Planning and Growth Management, Planning Division
 Post Office Box 2150, La Plata, Maryland 20646

| |
|--|
| <p>Permit Office Use Only:</p> <p>File Number: _____</p> <p>Date Submitted: _____</p> |
|--|

A. Application is hereby made for approval of the Conceptual Subdivision Plan herein described: (Per Section 23 of the Charles County Subdivision Regulations, effective August 1, 1996.)

| | | | | | |
|---|---------------------------------------|---|--|---|-------------------------|
| Proposed Name of Subdivision _____ | | | | Tax Identification Number _____ | |
| Type of Subdivision: | <input type="checkbox"/> Conventional | <input type="checkbox"/> Suburban Cluster | <input type="checkbox"/> Mixed Residential Cluster | | |
| Property Owner's Name _____ | | | | Contact Telephone Number(s) - Daytime _____ | |
| Property Owner's Address | City | State | Zip | Signature of Property Owner | Date |
| Applicant's Name _____ | | | | Contact Telephone Number(s) - Daytime _____ | |
| Applicant's Address | City | State | Zip | Signature of Applicant | Date |
| Engineering/Surveying/Consulting Firm _____ | | | | Contact Person _____ | |
| Address | City | State | Zip | Contact Telephone Number | Fax Number |
| Election District | Acreage of Preliminary Plan | | Tax Map, Grid, and Parcel(s) | | Acreage of Entire Tract |
| Development District (In/Out) | S- _____ | W- _____ | Base Zoning District(s) | | Overlay Zone(s) |
| | Sewer and Water Category | | | | |

B. Plan Submittal Requirements - Conceptual Subdivision Plan Application submittal MUST include the following:

| | <u>Provided</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|
| 1. Twenty-one (21) paper prints of the Conceptual Subdivision Plan (folded to 9" x 12"): | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. One (1) additional copy of the Conceptual Subdivision Plan if the project is located within the Chesapeake Bay Critical Area (CBCA)(include CBCA Review fee): | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. One (1) additional paper print if proposing affordable housing, workforce housing or moderately priced dwelling units. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Proof of Concept Stormwater Management Plan (Step 1) (submitted separately) (VSC# _____) and narrative of Concept Stormwater Management (Step I) Concept Plan : | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Three (3) copies each of the Forest Stand Delineation: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Critical Area information, if within the CBCA: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. One (1) copy of approved Cultural Resources Review form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Copies of any existing deed restrictions, variances, or special exceptions on the property: | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Notice of intent to use Transferred Development Rights (TDRs) (note on plan): | <input type="checkbox"/> | <input type="checkbox"/> |

If the property is subject to a Planned Unit Development, or approved planned Overlay Zone, provide name of Development, Planned Development Zone Number, and description of phase:

Additional information to be provided by applicant prior to submittal:

(to be verified by the Planning Office prior to Technical Review Committee distribution, per Section 25(c).)

1. Acreage of Land Uses within area of conceptual subdivision plan: _____ Total (gross acreage)
_____ Residential _____ Commercial _____ Industrial _____ Flood plain/Non-tidal Wetlands/Critical Area
_____ County or State Roads _____ County or State Use (other than roads) _____ HOA Open Space/Other Public Lands

2. Density Calculation (residential developments): _____ Gross Acreage _____ No. of Units _____ No. Of Units/Gross Acreage

3. Number and type(s) of dwelling units (residential only): _____ Number of Total Units
_____ Single Family Detached _____ Townhouse/Attached _____ Reduced Lot Line _____ Multi-Family _____ Other

If mixed, provide percentages of total by type: _____

Was proposed subdivision the subject of a previous Concept Meeting? If so, when? _____

Proposed improvements to existing public infrastructure, or new infrastructure:

| | |
|------------------------------|------------------------------|
| <i>Proposed Improvement:</i> | <i>APF Related (yes/no):</i> |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Proposed home owners association recreational facilities (required for suburban or mixed residential clusters, and planned developments):

Other information (historical sites, endangered species, or other characteristics as described in Article V of the Subdivision Regulations):

Applicant is hereby notified that incomplete or inaccurate conceptual subdivision plan applications may not be accepted for review, and may be returned within ten (10) business days of the initial submittal date. Please refer to Section 25 and Appendix A of the Subdivision Regulations for further information.

| | |
|--|----------------------------|
| Planning Office Use: | |
| _____ Zoning District Density | _____ Density w/TDRs, etc. |
| _____ Suburban/Mixed Cluster Density (maximum) | _____ Density w/TDRs, etc. |
| _____ Zoning District Density (if there is more than one) | _____ Density w/TDRs, etc. |
| _____ Suburban/Mixed Cluster Density (maximum) | _____ Density w/TDRs, etc. |
| Consistent with Zoning Ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If unit types or percentages are not consistent with the Zoning Ordinance, comment below (application is to be brought to attention of Planning Director): | |
| _____ | |
| _____ | |