



(ETOD) APPLICATION FORM

DO NOT WRITE IN THIS SPACE:

Application No.(s): _____ Planning Board Review
Acceptance Date: _____ **60-day limit** _____ waived Yes No
Posting Waived _____ Posting Date: _____ No. of Signs Posted: _____ Agenda Date: _____
Filing Fee: _____ Posting Fee: _____ Case Reviewer: _____
Subdivision Development Review Committee Date: _____
Referral Mail-Out Date: _____ Referral Due Date: _____
Date of Informational Mailing: _____ Date of Acceptance Mailing: _____

APPLICATION TYPE: _____ **EXPEDITED TRANSIT-ORIENTED DEVELOPMENT PROJECT**

PROJECT NAME:

Geographic Location (give distance related to or near major intersection) and **name of applicable nearby Metrorail station/Bowie MARC:**

Address (if applicable) _____ Tax Account # _____

Companion Case(s): _____

Total Acreage:	Planning Area: Policy Analysis Area:	Development Review District:
Tax Map/Grid:	Current Zone(s):	Council District:
200 Sheet:	Existing Lots/Blocks/Parcels:	Election District::
COG TAZ:	PG TAZ:	Aviation Policy Area:
Plat Book/Page:	Municipality	Is development exempt from SWM requirement per to 32-174? Y N

2002 General Plan Tier Designation (check one): Developed Developing Rural

Number of Dwelling Units:
Attached _____ Detached _____ Multifamily _____
Gross Floor Area: (Commercial or Industrial use only)

Proposed Use of Property and Request of Proposal:
Check all applicable:
Attached resolutions of previously approved applications affecting the subject property
Attached written substantiation of outreach efforts in accordance with Section 27-290.01(a)(8)
Attached Statement of Justification is in accordance with Section 27-290.01(b)

Applicant Name, Address, and Phone:
Owner Name, Address & Phone:
(if same as applicant, please indicate)
Consultant Name, Address, Phone, and Fax:
Contact Person, Phone Number, Fax, and E-Mail:

SIGNATURE

Owner’s Name (print) _____ Date _____ Applicant’s Signature _____ Date _____

Owner’s Signature _____ Date _____ Contract Purchaser’s Signature _____ Date _____