



MANDATORY REFERRAL INTAKE QUESTIONNAIRE

APPLICANT NAME:

ADDRESS: **Phone:**
Fax:

IS THE APPLICANT: PUBLIC AGENCY PRIVATE ENTITY

APPLICANT REPRESENTATIVE NAME:

ADDRESS: **Phone:**
Fax:

IF THE APPLICANT IS A PUBLIC AGENCY, PLEASE CHECK APPROPRIATE BOX

MUNICIPAL COUNTY STATE FEDERAL AGENCY

IF THE APPLICANT IS A PRIVATE ENTITY, WILL THE PROJECT REQUIRE PUBLIC AGENCY APPROVAL OR AUTHORIZATION? YES NO

WHICH PUBLIC AGENCY MUST APPROVE OR AUTHORIZE THE PROJECT?

PROJECT DESCRIPTION

PROJECT NAME:

PROPERTY ADDRESS: **ZONING DISTRICT:**
TAX ACCOUNT #
LOT SIZE:

PROPERTY OWNER NAME: **Phone:**
Fax:

ADDRESS:

SUBJECT PROPERTY IS: PUBLICLY OWNED PRIVATELY OWNED

ATTACH A PROJECT DESCRIPTION TO THIS QUESTIONNAIRE. PLEASE INCLUDE A DETAILED DESCRIPTION OF THE USES AND OPERATIONS TO BE CONDUCTED ON THE PROPERTY, THE NUMBER AND TYPE OF STRUCTURES, AND THE APPROXIMATE HEIGHT AND SQUARE FOOTAGE OF EACH STRUCTURE.

APPLICANTS DO NOT WRITE IN THIS SPACE—M-NCPPC use only:

This part for Legal Department Use:		Date Request Sent to Legal:
Legal Determination: Entitlement Process <input type="checkbox"/>	Exempt <input type="checkbox"/>	Mandatory Referral Process <input type="checkbox"/>
Is this application subject to the Zoning Ordinance Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is this application subject to the Subdivision Ordinance Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Is this application subject to the Woodland Conservation Ordinance Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	
Signed: _____	Date Signed: _____	
Countywide Planning Division has reviewed this application and concurs with Legal Department's determination Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments:
Signed: _____	Date Signed: _____	
----- Please forward to the Planning Director's Office for Determination of Review Type -----		
Date request sent Planning Director:		
Review Determination: (Check Appropriate box) Administrative Review <input type="checkbox"/>	Full Planning Board Review: <input type="checkbox"/>	
Signed: _____	Date Signed: _____	

Please submit completed form to:

Lori Smothers, M-NCPPC Legal Department
County Administration Building, Suite 4120
14741 Governor Oden Bowie Drive
Upper Marlboro, Maryland 20772

Or email form to:

Lori.Smothers@ppd.mncppc.org