The Maryland-National Capital Park and Planning Commission
PRINCE GEORGE'S COUNTY
Planning Department
1616 McCormick Drive, Largo, MD 20774 • pgplanning.org • Maryland Relay 7-1-1
Contact: DRDapplications@ppd.mncppc.org

# APPLICATION FORM

## Expedited Transit-Oriented Development (ETOD)

APPLICATION TYPE: Expedited Transit-Oriented Development Project ☐ Revision of Case #_____

☐ Applicant has reviewed checklist for case type

Review per ☐ CURRENT Ordinance or ☐ PRIOR Ordinance
*(NOTE: Review per the prior Ordinance only eligible for 2 years from effective date of current Ordinance and requires Pre-Application Meeting and Planning Director approval of Statement of Justification.)*

Companion Cases:_____ Payment option: ☐Credit Card
General Plan Growth Policy:_____ ☐Check (payable to M-NCPPC)

PROJECT NAME:

Complete address (if applicable)_____
Tax Account # _____ Police District # _____
Name of applicable nearby constructed WMATA Metrorail/Bowie State MARC station: _____

| | | |
|---|---|---|
| Total Acreage: | Aviation Policy Area: | Election District: |
| Tax Map/Grid: | Current Zone(s): | Council District: |
| WSSC Grid: | Existing Lots/Blocks/Parcels: | Dev. Review District: |
| Planning Area:<br>Policy Analysis Area: | Municipality: | General Plan Growth Policy: |

| | |
|---|---|
| Number of Dwelling Units:<br>Attached: _____ Detached: _____<br>Multifamily: _____ | Gross Floor Area: (Commercial or Industrial use only): |
| Proposed Use of Property and Request of Proposal: | Check all that apply:<br>☐ Attached resolutions of previously approved applications affecting the subject property<br>☐ Attached written substantiation of Pre-Application Conference and Pre-Application Neighborhood Meeting<br>☐ Attached Statement of Justification |
| Applicant Name, Address, and Phone:<br><br>Owner Name, Address, and Phone *(if same as applicant indicate same/corporation see Disclosure)*: | Consultant Name, Address, and Phone:<br><br>Contact Name, Phone, and E-mail: |

SIGNATURE *(Sign where appropriate; include Application Form Disclosure for additional owner's signatures)*:

| | | | |
|---|---|---|---|
| Owner's Signature (signed) | Date | Applicant's Signature (signed) | Date |
| Owner's Name (printed) | Date | Applicant's Name (printed) | Date |