

## MANDATORY REFERRAL APPLICATION FORM

**APPLICANTS DO NOT WRITE IN THIS SPACE**

<b>Application No.(s):</b>	Full Review:	Administrative Review:
<b>Acceptance Date:</b>	Plan Reviewer Name:	
Stakeholder Notification Date:	Planning Board Date:	Referral Due Date:
Date of Informational Mailing Date:	Date of Acceptance Mailing:	
<b>PROJECT NAME:</b>		
Geographic Location (related to or near major intersection):		
Street Address (if available):		
Companion Case(s):		
<b>Total Area (acres):</b>	<b>Planning &amp; Policy Analysis Areas:</b>	<b>Election District:</b>
<b>Tax Map/Grid:</b>	<b>Current Zone(s):</b>	<b>Council District:</b>
<b>200 Sheet:</b>	Existing Lots/Block/Parcels:	Dev. Review District:
<b>COG TAZ:</b>	<b>PG TAZ:</b>	<b>Aviation Policy Area:</b>
Plat Book/Page:	Municipality(ies):	
<b>General Plan:</b> <input type="checkbox"/> <b>Established Community</b> <input type="checkbox"/> <b>Employment Area</b> <input type="checkbox"/> <b>Rural/Agricultural Area</b> <input type="checkbox"/> <b>Future Water/Sewer Service Area</b>		
Total Number of Lots or Parcels:		Tax Account Number:
<b>WSSC Grid:</b>		<b>Overlay Zone(s):</b>
Basin: <input type="checkbox"/> Anacostia <input type="checkbox"/> Potomac <input type="checkbox"/> Patuxent		Subwatershed:
Is this site in a Priority Funding Area (PFA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a historic site or resource on the subject property? <input type="checkbox"/> Yes <input type="checkbox"/> No    Historic Site ID:		
Proposed Use, Activity, and/or Request:		List and provide copies of resolutions of previously approved applications affecting the subject property or state not applicable (N/A):
<b>Agency Name:</b>		<b>Consultant Name:</b>
Address:		Address:
Phone:		Phone:
<b>Property owner:</b>		<b>Contact Person:</b>
Address:		E-mail address:
Phone:		Phone:
		Email:

**AUTHORIZED SIGNATURE:**

---

Signature Date Relationship to Property Owner

---

Printed Name

**PLEASE SUBMIT COMPLETED MANDATORY REFERRAL APPLICATION WITH THE COMPLETED INTAKE QUESTIONNAIRE FORM TO: [MANDATORYREFERRALAPPLICATIONS@PPD.MNCPPC.ORG](mailto:MANDATORYREFERRALAPPLICATIONS@PPD.MNCPPC.ORG)**