



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:	Municipality:	General Plan Growth Policy:
Policy Analysis Area:		

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