

PLANNING AND CODE ADMINISTRATION

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STORMWATER MANAGEMENT PLAN APPLICATION

All information must be complete to initiate processing of application

***ALL APPLICATIONS, PLANS AND FEES SHOULD BE MAILED OR DELIVERED TO
CITY OF GAITHERSBURG, CITY HALL, 31 S. SUMMIT AVENUE, GAITHERSBURG MD 20877**

SUBJECT PROPERTY

Street Address 101 Lakeforest Boulevard
Project Name Gateway Lakeforest

APPLICANT

Business Name 417 Development LLC
Primary Contact's Name Brian R. Lang
Street Address 6000 Executive Boulevard Suite No. 400
City North Bethesda State MD Zip Code 20852
Phone Numbers: Work 301-770-5930 Cell _____
Email Address blang@guardianrealty.com

PROPERTY OWNER

Individuals/Business/Corporation Name (if applicable) Same as Applicant
Primary Contact's Name _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Phone Numbers: Work _____ Cell _____
Email Address _____

DEVELOPER

Business Name Same as Applicant
Primary Contact's Name _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Phone Numbers: Work _____ Cell _____
Email Address _____

ENGINEER

Business Name VIKA Maryland, LLC License Holder's Name Jason Evans, PE
Primary Contact's Name Jason Evans, PE MD License Registration No. 39885
Street Address 20251 Century Boulevard Suite No. 400
City Germantown State MD Zip Code 20874
Phone Numbers: Work 301-916-4100 Cell _____
Email Address evans@vika.com

