

**PLANNING AND CODE ADMINISTRATION**

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**AMENDMENT TO FINAL SITE OR SCHEMATIC DEVELOPMENT APPLICATION**

*All information must be complete to initiate processing of application*

**SUBJECT PROPERTY**

Street Address

**APPLICANT**

Business Name

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

**PROPERTY OWNER**

Individuals/Business/Corporation Name (if applicable)

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Home

Cell

Email

**DEVELOPER**

Business Name

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

**ARCHITECT**

Business Name

License Holder's Name

Primary Contact's Name

MD License Registration No.

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

**ENGINEER**

Business Name License Holder's Name  
Primary Contact's Name MD License Registration No.  
Street Address Suite No.  
City State Zip Code  
Phone Numbers: Work Cell  
Email

**APPLICATION TYPE (check one only):**

Amend Final Site Plan (Planning Commission) Amend Final Site Plan (Staff Approval)  
Amend Final Site Plan (Consent) Amend Schematic Development

**PROPOSED PRIMARY USE (check one only):** Residential Non-Residential Mixed Use

**PROPOSED UNIT TYPE (check all the apply):**

Accessory Dwelling Unit Institutional Retail and Personal Services  
Agricultural Professional Business Services Utility  
Automotive Public Use  
Entertainment and Recreational Residential  
Industrial Restaurant

**WAIVER**

Waiver Needed Density Bonus (CD Only)

**PROJECT DESCRIPTION**

**SITE DETAILS**

Site Area Square Feet Number of Lots  
Site Area Acres Height of Tallest Building (ft.)  
FAR (CD Zone Only) Height of Tallest Building (stories)

**SQUARE FOOTAGE - NON-RESIDENTIAL**

Agricultural

Automotive

Entertainment and Recreational

Industrial

Institutional

Professional Business Services

Research, Science, and Biomedical

Restaurant

Retail and Personal Services

Other (*please specify*)

**UNIT COUNTS - RESIDENTIAL**

Single Family Detached

Townhouse

Stacked

Duplex

Triplex

Quadplex

Accessory Dwelling(s)

Live/Work

Other (*please specify*)

Total Apartment Units

Number of:

1 Bedroom

2 Bedrooms

3+ Bedrooms

Efficiency/Studio

Total Condominium Units

Number of:

1 Bedroom

2 Bedrooms

3+ Bedrooms

Efficiency/Studio

Total Residential Units