

PLANNING AND CODE ADMINISTRATION

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SKETCH PLAN 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

ATTORNEY

Business Name

Primary Contact's Name

Street Address

Suite No.

City

State

Zip Code

Phone Numbers: Work

Cell

Email

ARCHITECT

Business Name
Primary Contact's Name
Street Address
City
Phone Numbers: Work Cell
Email

License Holder's Name
MD License Registration No.
Suite No.
State Zip Code

ENGINEER

Business Name
Primary Contact's Name
Street Address
City
Phone Numbers: Work Cell
Email

License Holder's Name
MD License Registration No.
Suite No.
State Zip Code

PROJECT DESCRIPTION

SITE DETAILS:

Site Area Square Feet
Site Area Acres
Total Non-Residential Sq. Ft.
Non-Residential Uses (check all that apply):
 Agricultural
 Automotive
 Commercial Center Multi-Tenant Structure
 Entertainment and Recreational
 Industrial
 Institutional
 Public Use
 Professional Business Services
 Retail and Personal Services
 Utilities

Height of Tallest Building (ft.)
Height of Tallest Building (stories)
Total Number of Dwelling Units
Number of Dwelling Unit(s) by Type:
 Single Family Detached
 Townhouse
 Stacked
 Duplex
 Triplex
 Quadplex
 Total Multi-family
 1 Bedrooms
 2 Bedrooms
 3+ Bedrooms
 Efficiency/Studio

Submission requirements listed in Section 24-12.4(D)