

Concept Plan Application

Queen Anne's County Department of Planning and Zoning
110 Vincit Street, Suite 104, Centreville, MD 21617
Telephone: 410-758-1255 Fax: 410-758-2509
E-Mail: devrev@gac.org



Project Information:

Project Name/Name of Business: _____

Subject Property Street Address: _____

City/Town: _____ State: MD Zip: _____

Tax Map # _____ Block _____ Parcel(s) _____ Lot(s) _____ Tax Acct. #: _____

Total Acreage: _____ Zoning Designation: _____ Election District #: _____

Proposal:

Intent and Purpose of Submittal: _____

Existing Use (if any): _____ Proposed Use: _____

Site Calculations:

Existing Square Footage: _____ Max. Permitted Square Footage: _____

Proposed Square Footage: _____ Total Square Footage: _____

Existing Impervious: _____ Max. Permitted Impervious: _____

Proposed Impervious: _____ Total Impervious: _____

Min. Required Landscape Area: _____ Proposed Landscape Area: _____

Existing Parking Spaces: _____ Required Parking Spaces: _____

Proposed Parking Spaces: _____ Total Parking Spaces: _____

Proposed Number of Commercial Apartments: _____ Proposed Number of Multi-family Units: _____

Type(s) of Multi-family Units (circle): Townhome / Apartment / Condominium / Duplex / Triplex / Multiplex / Other

Owner/Applicant/Agent:

Property Owner(s) Name(s): _____

Property Owner(s) Mailing Address: _____

City/Town: _____ Zip: _____ Telephone #: _____

E-Mail Address: _____

Applicant(s) Name(s): _____

Applicant's Mailing Address: _____

City/Town: _____ Zip: _____ Telephone #: _____

E-Mail Address: _____

Owner's Agent/Engineer/Surveyor Name: _____

Firm's Name: _____

Mailing Address: _____

City/Town: _____ Zip: _____ Telephone #: _____

E-Mail Address: _____

Property Information:

Is Property Currently Encumbered by an Easement: No Yes

(if yes, please check all applicable easement types, provide the total acreage, and provide the easement document):

- Deed Restricted Open Space: _____ ac.
- Transfer of Development Rights (TDR) Open Space: _____ ac.
- Non-Contiguous Open Space: _____ ac.
- Agricultural Preservation Easements:
 - MD AgLand Preservation Foundation (MALPF): _____ ac.
 - Maryland Environmental Trust (MET): _____ ac.
 - Rural Legacy: _____ ac.
- Conservation Reserve Program (CRP): _____ ac.
- Utility
- Forest Conservation _____ ac.
- Other (specify type): _____

Is the property within or impacted by a Habitat Protection Area: No Yes (if yes, specify): _____

Growth Area: No Yes If yes, check the applicable Growth Area Designation:

Centreville Chester Grasonville Kent Narrows Queenstown Stevensville

Priority Funding Area (PFA): No Yes If yes, number of lots inside PFA: _____

Is a Comprehensive Water & Sewerage Plan (CWSP) Amendment Required? No Yes

If so, Current CWSP Designation: _____ Proposed CWSP Designation: _____

Sewage Disposal: Not Applicable Public Sewer On-site Septic

Water Supply: Not Applicable On-site Well Water Public Water Community Well Water

New Road Proposed: Not Applicable County Dedicated Privately Maintained

Provide supporting documents for maintenance, easements, etc.

Is/Are there existing structure(s) on the site 50 years old or older? No Yes

If applicable, provide the MD Inventory of Historic Places (MIHP) No. QA #: _____

To identify the MIHP information, use the *Heritage* layer via gis.gac.org/propertyviewer

Are there any previous applications, subdivisions or related projects? No Yes

If yes, P&Z File/Application#/Documents: _____

Chesapeake Bay Critical Area Information:

Is the project within the Critical Area? No Yes If yes, check the Critical Area Designation(s):

Resource Conservation Area (RCA) Limited Development Area (LDA) Intensely Developed Area (IDA)

Critical Area Acreage: _____ Upland Acreage: _____ Total Acreage: _____

Buffer Width (if applicable): 50ft. 100 ft. 200ft. Expanded Buffer Exempt Area: No Yes

Does this project require Critical Area review? Use this chart: [Threshold for Project Review](#)

More information on what may be required for submittal is available at: gac.org/1068/Chesapeake-Bay-Critical-Area

Agency Review and Submittal Checklist (check all applicable):

Provide a set of the following information for each of the applicable reviewing agencies. Planning & Zoning always gets a copy of documents required for other agencies:

Required Information (minimum 2 complete sets required):

Staff Verification:

- | | |
|---|--------------------------|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> |
| <input type="checkbox"/> Cover letter detailing and describing project | <input type="checkbox"/> |
| <input type="checkbox"/> Plan of subject site (must be sealed for approval) | <input type="checkbox"/> |
| <input type="checkbox"/> Deed for subject site (one (1) copy only) | <input type="checkbox"/> |
| <input type="checkbox"/> Adjacent Property Owner(s) Notification (use the form and attach copies) | <input type="checkbox"/> |
| <input type="checkbox"/> Department of Public Works, Engineering Division | <input type="checkbox"/> |

Additional information, if applicable to project (additional complete sets needed):

- | | |
|---|--------------------------|
| <input type="checkbox"/> Department of Public Health, Environmental Health Division, for projects on private well and/or septic | <input type="checkbox"/> |
| <input type="checkbox"/> Critical Area Commission, provide CA worksheet (2 copies), Environmental Assessment | <input type="checkbox"/> |
| <input type="checkbox"/> Heritage Review, for projects involving or adjacent to structures/landmarks 50 years of age or older | <input type="checkbox"/> |
| <input type="checkbox"/> Department of Parks, for projects within ¼ mile of any parkland, trail, or county-owned land | <input type="checkbox"/> |
| <input type="checkbox"/> Department of Public Works Sanitary District, for projects on public sewer and/or public water | <input type="checkbox"/> |
| <input type="checkbox"/> MD State Highway Administration, for projects fronting on a state maintained highway | <input type="checkbox"/> |
| <input type="checkbox"/> Economic Development & Tourism Department, Business Liaison | <input type="checkbox"/> |
| <input type="checkbox"/> Soil Conservation District | <input type="checkbox"/> |
| <input type="checkbox"/> Department of Emergency Services, Fire Marshall Office | <input type="checkbox"/> |
| <input type="checkbox"/> Department of Planning & Zoning Attorney, provide a copy of the deed, plan, and any legal documents | <input type="checkbox"/> |
| <input type="checkbox"/> Local Volunteer Fire Department | <input type="checkbox"/> |
| <input type="checkbox"/> Forest Conservation, include plats, worksheets , documents, and/or easements | <input type="checkbox"/> |
| <input type="checkbox"/> Incorporated Town, if the project is within 1 mile | <input type="checkbox"/> |
| <input type="checkbox"/> Bay Bridge Airport, if within ½ mile | <input type="checkbox"/> |
| <input type="checkbox"/> Utility letters for power and telephone companies | <input type="checkbox"/> |
| <input type="checkbox"/> Lighting information and/or plan | <input type="checkbox"/> |
| <input type="checkbox"/> Architectural elevations | <input type="checkbox"/> |
| <input type="checkbox"/> Documents for any proposed easements/agreements regarding access, open space, and/or maintenance | <input type="checkbox"/> |

Certifications/Signatures:

I hereby certify to the best of my knowledge that the information presented in this application is technically correct and accurate to the extent necessary for meeting the Queen Anne’s County requirements for this land use application. *A typed signature will not be accepted.*

Owner
OR

Date: _____

Applicant
AND

Date: _____

Surveyor/Engineer and/or Owner’s Agent

Date: _____

Completeness Review:

The applicant’s failure to address any and all application and checklist items, and those specifications in accordance with the *Queen Anne’s County Code*, may result in a submittal being considered incomplete. Any such deficiencies will cause the submittal to not proceed for review and may result in the return of the submittal. Only that information provided with the original submittal and in compliance with applicable submittal deadlines will be reviewed. The submittal will be reviewed for completeness within ten (10) days of receipt. Applicants will receive notification by mail.

For Staff Use Only:

Received By: _____

Date: _____

Submittal Reviewed for Completeness By: _____

Date: _____

Complete Submittal.

Incomplete Submittal. If so, list deficiencies: _____

Complete Re-submittal:

Received By: _____

Date: _____

Submittal Reviewed for Completeness By: _____

Date: _____

Owner and/or Applicant Notified (Date): _____

Mailed Notification on (Date): _____

Project Application #: _____

Date Stamp Received: