



19721 Beall Street
P.O. Box 158
Poolesville, MD 20837
301-428-8927
www.poolesvillemd.gov

PRELIMINARY PLAT APPLICATION

1. Date: _____, 20____
2. Applicant's Name*: _____
Address: _____
Phone: _____ Fax: _____
Email Address: _____

Application Date Filed _____
PC Agenda Date _____
Fee _____

3. Property Owner's Name: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

4. Legal Description of the Subject Property (list all parcels that apply)
Property Address: _____
Tax Map # and Parcel: _____
Liber and Folio(s): _____
Property Area in Square Feet or Acres: _____

5. Description of Project and Proposed Use(s) of the Property:

6. Description of the Existing (or former) Use(s) of the Property and Current Zoning:

7. Are There Any Anticipated Variances? If yes, provide details.

*Applicants include: Property Owner(s), Engineer(s), Surveyor(s), or Consultant(s)

8. Parcel History (List all pending or previously approved applications on the subject parcels inventoried above, including previous site plan applications if this application is a site plan amendment)

Application No	Project Name Phase	Status	Approval Date
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9. Total Area Shown on Plat: _____

10. Total Area of Street and/or Rights-of-Way to be dedicated: _____

11. Total Area of Parking Facility: _____ # of Spaces: _____

12. Total Water/Sewer currently on Property (gpd) Water: _____ Sewer: _____

13. Total Water/Sewer Requested: _____

14. Open Space: _____

15. Existing Legal Encumbrances: _____

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge, the submitted information and statements are true and correct:

Signature of Applicant

Date

Signature of Property Owner (if different than Applicant)

Date

Please submit an original completed Application and (Three (3) copies at 24" X 36", Adobe PDF format, and Five (5) copies at 11" X 17") copies to the following:

Please submit an original completed application to the following:

Town of Poolesville
19721 Beall Street
P.O. Box 158
Poolesville, MD 20837