



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

SKETCH PLAN 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.

*Applicant's Include: Property Owner(s), Engineer(s), Surveyor(s), or Consultant(s)

- 8. Total Area Shown on Plat: _____
- 9. Total Area of Street and/or Rights-of-Way to be dedicated: _____
- 10. Total Area of Parking Facility: _____ # of Spaces: _____
- 11. Total Water/Sewer currently on Property (gpd) Water: _____ Sewer: _____
- 12. Total Water/Sewer Requested: _____
- 13. Open Space: _____
- 14. Existing Legal Encumbrances: _____
- 15. 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 and Phase	Status	Approval Date
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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:

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 Poolesville, MD 20837