



# FREDERICK

PLANNING

For Official Use Only	
PC Case Number:	
Hearing Date:	
DRC Date:	
Amount Paid:	\$
Date Paid:	

## SITE PLAN APPLICATION

The completed application form, supporting plans and other documentation in **PDF form ONLY**, as well as your **citizen portal account name** must be sent to [drcdigital@cityoffrederickmd.gov](mailto:drcdigital@cityoffrederickmd.gov) on or before **3:00** PM on the application deadline date. Any files that are larger may be sent via a shared link. You will need to remove your email signature image before submitting. One digital site plan must be submitted to [sparker@cityoffrederickmd.gov](mailto:sparker@cityoffrederickmd.gov). Please make sure all files submitted are legible. Incomplete applications will not be accepted.

\*Payment of fees by credit card is preferred via our [Citizen Access Portal](#). If paying by check, the check with a copy of your application form must be received in the front vestibule planning box at 140 W. Patrick Street on or before the submittal deadline. Questions, please contact Jess Murphy at [jmurphy@cityoffrederickmd.gov](mailto:jmurphy@cityoffrederickmd.gov).

<b>APPLICANT INFORMATION - OWNER'S AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION.</b>	
Contact Name:	
Firm/Company:	
Address:	
Phone:	email:
<b>OWNER INFORMATION</b>	
Name:	
Firm/Company:	
Address:	
Phone:	email:
<b>DEVELOPER INFORMATION</b>	
Name:	
Firm/Company:	
Address:	
Phone:	email:

All correspondence will be sent to the applicant. If the owner also wishes to receive a copy, please check box:

<b>PROJECT INFORMATION (See Table 1102-1 of the LMC)</b>	
Project Name:	
Project Location:	
Site Size (acres):	Project Size (acres or sq. ft.):
Existing Zoning:	Existing Land Use:
Proposed # of Units: (Residential/Mixed Use)	Proposed Square Footage: (Office/Commercial/Industrial/Institutional)
<b>Project Description:</b>	

<b>FOREST CONSERVATION INFORMATION</b>					
Please answer the following yes or no questions (provide additional information where requested):					
1. This project is exempt from Forest Conservation requirements per Section 721 (7) of the Forest Conservation Ordinance? Please indicate if an exemption request has been submitted for the property, and approval date if already approved.)					
2. This project is not exempt from Forest Conservation requirements and the appropriate Forest Conservation Plan has been submitted. Please indicate FC - Case Number & approval date if already approved.)					
<b>FLOODPLAIN &amp; WETLANDS INFORMATION</b>					
Please answer the following yes or no questions (provide additional information where requested):					
1. Does the lot contain any non-tidal wetlands? : <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Note source of the information.					
2. If yes, will there be any wetland disturbance?					
3. Does the lot contain any 100-year floodplain areas? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Note source of the information.					
4. If yes, will there be any floodplain disturbance?					
5. Has a floodplain permit application been submitted to MDE? Note Application No.					
<b>EASEMENTS AND MODIFICATIONS</b>					
Please answer the following yes or no questions (provide additional information where requested):					
1. Will any easements be required on the property? ▪ Please specify type of easement(s)					
2. If yes, are the legal agreements being submitted with this application? (Include submittal date)					
3. Will there be any need for modification to the City LMC Section 309 (m)? (Please attach an explanation of the modification(s) requested and justification.)					
<b>FEES</b>					
Type of Review	Base Fee	Fee per unit & sq. ft.	Number of Units or acres	Total Unit or Acre Fee	Total Fee
PC Review - Residential F.S. Plan*	\$2,000.00	+\$10.00/unit			
PC Review - Non-Residential*	\$2,000.00	+\$30.00/1,000 sf of building			
Staff Review - Per Section 309 (a3)*	\$1,600.00				
FS Plan Amend. - Staff Reapproval	50% of curr. fee				
FS Plan Amend. - PC Reapproval	50% of curr. fee				
Modification Requests	\$150.00				
Extension Requests	\$150.00				
*Frederick County Health Dept \$75.00 made payable to Frederick County Health Dept. (See Health Dept. Procedures).					

I hereby attest that the information provided on and attached to this application is complete and correct.

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date