



REAL PROPERTY SUBDIVISION APPLICATION

ALLEGANY COUNTY, MARYLAND

PLAT NUMBER: 20____-SB-0_____

DATE APPLIED: / / 201
TIME: [] am [] pm

DEVELOPER/PROPERTY OWNER/CONSULTANT INFORMATION

This section must be fully completed prior to plat acceptance

DEVELOPER

Last Name	First Name	Middle	Phone(work)
Address		Phone(home)	
City		State	Zip

PROPERTY OWNER DEVELOPER, if left blank

Last Name	First Name	Middle	Phone(work)
Address		Phone(home)	
City		State	Zip

CONSULTANT Principal Contact – Plat comments will be mailed to the person, company or entity noted in this field.

Company Name:	Contact Name	Phone(work)	
Address		Md Registered [] Surveyor. [] Engineer	
City		State	Zip

PROJECT DETAILS - Please check and complete the appropriate boxes and fields:

SUBDIVISION TYPE		PARENT TRACT (LOT OF RECORD)	
<input type="checkbox"/>	Minor	<input type="checkbox"/> Number of lots requesting authorization with subject plat	
<input type="checkbox"/>	Arms Length Transfer	<input type="checkbox"/> Number of lots previously authorized through County subdivision process	
<input type="checkbox"/>	Family Member	SEPTIC SYSTEM PERCOLATION TEST(S)	
<input type="checkbox"/>	Other	<input type="checkbox"/> Approved by AC Health Department, ____/____/20____ Ref. File No.	
<input type="checkbox"/>	Major	ROWS	
<input type="checkbox"/>	Lot Split	<input type="checkbox"/> Lot(s), as proposed, has/have frontage on existing public ROW(s), road(s), or street(s)	
		<input type="checkbox"/> Further dedication along existing ROW(s) road(s), or street(s) is warranted	
		<input type="checkbox"/> Lot(s), as proposed, will require ROW modification or "street closing"	
		THOROUGHFARE DEDICATION	
		<input type="checkbox"/> New public roads, streets and/or alleys are planned to be created through legal dedication	
PLAT STATUS		E911 LOCATION ADDRESS/HOUSE NUMBERING	
<input type="checkbox"/>	New	<input type="checkbox"/> recommended as portrayed on subject plat	
<input type="checkbox"/>	Amended	<input type="checkbox"/> unassigned, LDS assistance is requested	
<input type="checkbox"/>	Comprehensive Revision		
<input type="checkbox"/>	Other		

LEGAL DESCRIPTION OF PROPERTY/ SITE INFORMATION

For assistance completing this section, please contact the LDS Office

LOT - LOCATION INFORMATION

NEAREST COMMUNITY:	LANDMARK:
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LOCATION DESCRIPTION:

LOT - LEGAL INFORMATION				LOT - INFRASTRUCTURE INFORMATION			
Election District:		Tax Account #(s):		Access:	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed	<input type="checkbox"/> Other
Zoning District:		Tax Map:			<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Other
Planning Region:		Quad:		Water:	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed	
Easting:		Parcel(s):		Entity:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other
Northing:		Lot #(s):		Source Name:			
FEMA FIRM Zone		Lot/Tract Size(T):	Ac / sf	Sewerage:	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed	
Map ID#:		Deed, Liber/Folio:		Entity:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other
Land Use Code:		Other LUP/BOZA:		Source Name:			

CERTIFICATION: I hereby agree to comply with all regulations and codes, which are applicable hereto. I further agree that any misstatement or misrepresentation of facts presented as part of this Application, or change to proposal without approval of the agencies concerned, shall constitute sufficient grounds for the disapproval or revocation of the subject Plat. I hereby affirm that I own the property which is the subject of this Plat; or that I am the duly designated representative of the property owner, and that I possess the legal authority to make this Affidavit on behalf of myself or the owner for whom I am acting. I do solemnly declare and affirm under the penalties of perjury that the contents of this Application are true and correct to the best of my knowledge, information and belief.

SIGNATURE

DATE:

SKETCH PLAN/Additional Pertinent Information

