



Application for

Map Amendment

MAP

4/09

City of Rockville

Department of Community Planning and Development Services

111 Maryland Avenue, Rockville, Maryland 20850

Phone: 240-314-8200 • Fax: 240-314-8210 • E-mail: Cpds@rockvillemd.gov • Web site: www.rockvillemd.gov

Application Information:

Type of Amendment : Local Amendment Sectional Map Amendment Comprehensive Map Amendment

Please Print Clearly or Type

Property Address information _____

Project Description _____

Applicant Information:

Please supply Name, Address, Phone Number and E-mail Address

Applicant _____

Property Owner(s) _____

Engineer _____

Attorney _____

STAFF USE ONLY

Application Acceptance:

Application # _____

Date Accepted _____

Staff Contact _____

OR

Application Intake:

Date Received _____

Date Accepted _____

Date of Checklist Review _____

Deemed Complete: Yes No

Size _____
(SQUARE FEET IF LESS THAN ONE ACRE, OR ACRES IF ONE ACRE OR MORE)

From the _____ Zone to the _____ Zone
(PRESENT CLASSIFICATION) (REQUESTED CLASSIFICATION)

or the _____ Zone.
(ALTERNATE REQUESTED CLASSIFICATION)

Application is hereby made with the Rockville Mayor and Council of Rockville for approval of the reclassification of property located in Rockville, Maryland and known as:

LOT(s) _____ BLOCK _____ SUBDIVISION _____ if boundaries conform to lot boundaries with a subdivision for which a plat is recorded among the Land Records of Montgomery County. If not, attach a description by metes and bounds, courses and distances and plat reference.

Also furnish the following information from the tax bill for the land (s) to be zoned:

District	Subdivision	Name Code*	Lot	Block	Acre/Ft	Subdivision or Tract Name
_____	_____	_____	_____	_____	_____	_____

*The account number as recorded on the tax docket (Mont. Co.) Assessment Office

Previous Approvals: (If Any)

Application Number	Date	Action Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

A letter of authorization from the owner must be submitted if this application is going to be filed by anyone other than the owner. I hereby certify that I have the authority to make this application, that the application is complete and correct and I have read and understand all procedures for filing this application.

By _____
(Signature of Applicant)

Subscribed and sworn before this _____ day of _____, 20____

My Commission Expires _____
Notary Public

The Following Documents Are Furnished As Part Of The Application:

- A Complete Application
- Filing Fee (to include sign fee)
- A concise statement of the facts and circumstances upon which the Applicant relies to justify the reason(s) for this reclassification (example: change in character of the neighborhood, mistake in the original zoning, other reasons).
- An identification plat prepared by a civil engineer or surveyor certified by him to be correct, showing metes and bounds, courses and distances the land proposed to be reclassified, or if the boundaries conform to lot boundaries within a subdivision for which a plat is recorded in the Land Records of Montgomery County, then a copy of such a plat, the land proposed to be reclassified appearing in a color distinctive from that of other land shown on the plat.
- A vicinity map shall be furnished by the petitioner covering the area within 1,000 feet of the boundaries of the land covered by this application showing the existing zoning classification of such land as it appears on the official zoning map in the office of the Mayor and Council at the scale of 1 inch equals 200 feet.
- The scale of the identification plat shall be noted thereon and shall be not less than 100 feet to the inch if the land proposed to be reclassified is of an area ten acres or less and not less than 200 feet to the inch of an area more than ten (10) acres. A north direction arrow shall appear on such a plat and map.

Comments on Submittal: (For Staff Use Only)
