



REAL PROPERTY SUBDIVISION APPLICATION

PLAT NUMBER: 20 -SB-0

ALLEGANY COUNTY, MARYLAND

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

DEVELOPER/PROPERTY OWNER/CONSULTANT INFORMATION

This section must be fully completed prior to plat acceptance

DEVELOPER

Form fields for Developer: Last Name, First Name, Middle, Phone(work), Address, Phone(home), City, State, Zip, Phone(cellular)

PROPERTY OWNER DEVELOPER, if left blank

Form fields for Property Owner: Last Name, First Name, Middle, Phone(work), Address, Phone(home), City, State, Zip, Phone(cellular)

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

Form fields for Consultant: Company Name, Contact Name, Phone(work), Address, Md Registered [ ]Surveyor. [ ] Engineer, City, State, Zip, Valid MD Reg.#

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

Form for SUBDIVISION TYPE: Minor, Arms Length Transfer, Family Member, Other, Major, Lot Split

Form for PROJECT DETAILS: PARENT TRACT (LOT OF RECORD), SEPTIC SYSTEM PERCOLATION TEST(S), ROWS, THOROUGHFARE DEDICATION, E911 LOCATION ADDRESS/HOUSE NUMBERING

Form for PLAT STATUS: New, Amended, Comprehensive Revision, Other

LEGAL DESCRIPTION OF PROPERTY/ SITE INFORMATION

For assistance completing this section, please contact the LDS Office

Form for LOT - LOCATION INFORMATION: NEAREST COMMUNITY, LANDMARK, LOCATION DESCRIPTION

Form for LOT - LEGAL INFORMATION and LOT - INFRASTRUCTURE INFORMATION: Election District, Zoning District, Planning Region, Easting, Northing, FEMA FIRM Zone, Map ID#, Land Use Code, Tax Account #, Tax Map, Quad, Parcel(s), Lot #, Lot/Tract Size, Deed, Liber/Folio, Other LUP/BOZA, Access, Water, Entity, Source Name, Sewerage

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.

SIGNATURE

DATE:

SKETCH PLAN/Additional Pertinent Information

