Preliminary Subdivision Plan Application

Town of Brookeville, 5 High St., Brookeville, MD 20833

Phone: (301) 570-4465 email: planning.commission@townofbrookevillemd.org

The Preliminary Subdivision Plan package must include:

- the approved Natural Resources Inventory/Forest Stand Delineation Plan (NRI/FSD) from the Town
- the approved Stormwater Management (SWM) concept from MCDPS
- Water and Sewer Category Change from MCDEP

FEES: No plan shall be accepted for review and filing unless and until the applicant shall pay a fee of \$750 for the first lot and \$100 for any additional lot shown on such plan. Such fee may be amended from time to time by Resolution by the Brookeville Commissioners. Prior to approving the Record Plat the Town shall compute the engineering, planning, legal and other costs it has incurred in reviewing the application for approval of the subdivision plan and during the course of construction, and shall charge and collect the same from the applicant to the extent that such costs exceed the fees previously charged and collected.

Project Name:	
Parcel:	Tax Map:
Property Tax Account Number(s) associa	ated with the plan
Property Location:	
Total Acreage of Parcel:	Total Number of Proposed Development Lots:
Total Square footage of Areas Dedicated	to Public Use:
Is Property Currently Encumbered by an	Easement, Covenant, or Mortgage: \square No \square Yes
Applicant Team	
1. Property Owner:	
Address:	
Telephone number:	Email:
2. Applicant: (if different than Property	/ owner):
Address:	
Telephone number:Oct2019	Email:

3. Engineer / Surveyor:	
Telephone number:	Email:
4. Attorney:	
Telephone number:	Email:
Applicant hereby notifies that l legally authorized to represent	he/she is the sole owner of the subject property, or is otherwist the owner.
Signature of Applicant (Owner or Ov	wner's Representative)
	Date
Print Name:	
	For Town use only below this line
Receipt of Application Fee:	
Town Clerk	Date
Planning Commission Approval:	Notes:
□ Approved	
□ Rejected as noted	
Planning Commission Chairperson: _	Date:
Town Commissioner:	Date: