



# Subdivision Number Request & Application

Calvert County Department of Planning & Zoning - 150 Main Street, 3rd Floor, Prince Frederick, MD 20678  
 Phone: (410) 535-2348, (410) 535-1600 ext. 2356 MD Relay: (800) 735-2258, Fax: (410) 535-3092  
 email: DevRev@calvertcountymd.gov

**Note:** When submitting the form for a Concept number request or review, please complete Section 1 in its entirety. When applying for a Preliminary Plan number or review, complete the remainder of the form using the same document (section 1 should already be complete). Incomplete information will result in the form being returned to the applicant/agent to complete. Where required, this includes the Fee Schedule(s) and appropriate fees.

All file names should use the format: Project Name, Project Number, Version, Brief Description. Abbreviations are encouraged. ([Lisas Kennel\\_CSPR-123456\\_Plan 2\\_Maps](#))

To be completed by Planning & Zoning:	Date Request Submitted:		Concept Number:	
Property Address:				
Project Name:				
Is this project related to other CCG projects, past or present?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please provide project names & #'s here:	

## SECTION I - Concept Project Number Request

In general, Major Subdivisions are larger and have more impact than Minor Subdivisions. Please see the Calvert County Zoning Ordinance, Article 31, for more specific information.

Subdivision Category:	<input type="checkbox"/> Major	<input type="checkbox"/> Minor
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## PROPERTY & PROJECT INFORMATION

Is the property located within a Town Center?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please identify	
Zoning District	Critical Area	Type of Subdivision?	Utilities
	If Yes, CA acreage:		SMECO <input type="checkbox"/> BG&E <input type="checkbox"/>
This property is part of an Agricultural District:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, APD #:	This property is in an Historical District:
# of Exception Lots:	Total Parcel Acreage:	Average Lot Size:	
# of Conventional Lots:	Wetlands Acreage:	Total Area in Lots:	
# of Family Conveyance Lots:	Net Acreage:	Total Open Space Acreage:	
# of TDR Lots:		Public R/W Acreage:	
# of Receiving Area Lots:	Disturbed Acreage:	Private R/W Acreage:	
TOTAL LOTS PROPOSED:		Widening Strip Acreage:	
		Recreation Area Acreage:	
Current Deed Reference:	Current Deed Date:	Residue Acreage:	
			TOTAL PLATTED AREA

If this project is confidential, please check this box ==>  
 please remember that once a project moves to Step 2 (Preliminary Plan),  
 it becomes public information and can be researched by Public Information Request

Project Name:		Concept Number:	
<b>MULTI-FAMILY OR ATTACHED HOUSING</b>			
Complete this section <b>ONLY IF</b> constructing multi-family or attached housing.			
# of Townhouses:		# of Apartments:	
		# of Duplexes:	
		# of Condos:	
<b>PROJECT DESCRIPTION</b> please provide a short description of this project			
<b>PROJECT CONTACT INFORMATION</b> <small>If additional space is needed, please attach a supplemental signature form (PZ-910).</small>			
Property Owner, Primary			
Name *:		eMail*:	
Address *:		City*:	
		State*:	
		Zip*:	
Primary Phone *:		Other Phone:	
Property Co-owner, if applicable			
Name *:		eMail*:	
Address *:		City*:	
		State*:	
		Zip*:	
Primary Phone *:		Other Phone:	
Applicant (if different from Owner)			
Name *:		eMail*:	
Address *:		City*:	
		State*:	
		Zip*:	
Primary Phone *:		Other Phone:	
Agent or Licensed Preparer			
Name *:		eMail*:	
Address *:		City*:	
		State*:	
		Zip*:	
Primary Phone *:		Other Phone:	
<b>Stop here if you are requesting a Concept number assignment or submitting a Concept for review.</b>			
<b>If you are requesting a Preliminary Plan number assignment or submitting a Preliminary Plan for review, please complete Section II.</b>			

Project Name:	Concept Number:
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If you are requesting a Preliminary Plan number assignment or submitting a Preliminary Plan for review, please complete Section II.

SECTION II - PRELIMINARY PLAN

**Note:** When completing the application for a Preliminary Plan, all information must be completed and all applicable items on the appropriate "Subdivision Application Package Checklist" must be provided. Incomplete applications, forms, checklists, plans or other documents will result in the entire submittal package being returned to the applicant/agent. This includes the Fee Schedule(s) and appropriate fees.

Please note that Preliminary Plan approval is **NOT** the final step. Following preliminary plan approval, Plats will need to be submitted for review and then properly recorded.

If any information has changed since the initial number request, please correct the information below.

To be completed by Planning & Zoning:	Date Request Submitted:	Prelim. Plan #:
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Property Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

SPECIFIC PARCEL INFORMATION

Tax Map No.	Parcel No.	Grid	Lot Number	Parcel Acreage

Clustered Subdivision?	Yes	No	Mandatory Clustering per CCZO 5-2.01?	Yes	No
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Election District:	1	2	3	PFA?	Yes	No	Growth Tier?	I	II	III	IV
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Total Property Acreage:	Wetlands Acreage:	Disturbed Acreage:
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Road Frontage: _____	ownership:	SHA	County	Private
Road Frontage: _____	ownership:	SHA	County	Private
Road Frontage: _____	ownership:	SHA	County	Private

Choose one:  This property is in the Critical Area and I have submitted form CA-101 with this application.  
 This property is NOT in the Critical Area and I DO NOT NEED to file form CA-101 with this application.

APPLICATION HISTORY

If you answered yes to the question in Section I, that this project is related to other CCG projects, please provide details below.

	Yes	No
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Application Type	Case #	Resolution #	Action Date
Rezoning			
Board of Appeals			
Subdivision			

Project Name:				Prelim. Plan #:	
Application Type		Case #	Resolution #		Action Date
<input type="checkbox"/>	Previous Site Plan Review				
<input type="checkbox"/>	Architectural Committee				
<input type="checkbox"/>	Historic District				
<input type="checkbox"/>	Historic Site Surveys				
<input type="checkbox"/>	Replat				
<input type="checkbox"/>	Agricultural Board				
<input type="checkbox"/>	Other (specify)				
<b>PROJECT DESCRIPTION</b>					
Specific Type of Business, if any:					
please provide the information below, if applicable		n/a	answer to statement at left		
Gross square footage of existing building(s)					
Gross square footage of new construction					
Gross square footage total					
Height of building					
Number of stories					
Basement/below-grade floor					
Number of floors above-grading					
Number of classrooms					
Enrollment number					
Patron area					
Largest assembly/occupant capacity					
Number of employees					
Gross subtotals of square footage area by use (See Land Use Tables in the 2025 Calvert County Zoning Ordinance).					
Sq. Ft. (Gross Subtotal) e.g., 6,000		Description e.g., Garden Center		ZO Reference e.g., 3-1.02	
<b>MULTI-FAMILY OR ATTACHED HOUSING</b>					
By default, this section will reflect the information on page 2. If your plans have changed, please update it HERE.					
# of Townhouses:		# of Apartments:		# of Duplexes:	

Project Name:		Prelim. Plan #:	
<b>Specific Items from the Zoning Ordinance (select all that apply)</b>			
<input type="checkbox"/>	No family conveyance		
<input type="checkbox"/>	Family Conveyance - for access and rights-of-way		
<input type="checkbox"/>	Family Conveyance - for creation of lots		
<input type="checkbox"/>	Forest Conservation - Exemption (Declaration of Intent required)		
<input type="checkbox"/>	Critical Area - Intra-Family Transfer		
<b>The purpose of the following items is to explain any project specific modifications or waivers being requested. If additional space is required for any of these items, please attach separate sheet(s). Include the project number, project name, and date submitted at the top of the additional page(s) and indicate which item the additional information is intended to clarify.</b>			
1. Reduction / waiver request for any of the following (please list with an explanation and justification): wetlands report, wetlands buffer, and/or stormwater management.			
2. Focal Point:			
3.a. Recreation Requirements:			
3.b. Recreation Proposed:			
4. Fencing and/or Buffer Requirement: list all adjacent parcels by tax map and parcel number that are in an Agricultural Preservation District or assessed as an agricultural use:			

Project Name:		Prelim. Plan #:	
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5. List all structures, barns, houses, etc. that exist, note if any are 50 years or older, and specify retention or removal.

6. Other comments/explanation for issues not listed above that need to be brought to the attention of any review agencies:

**PROJECT AUTHORIZATION**

I/We the undersigned and the owners of the property described above do hereby submit this application for subdivision review and authorize the agent(s) listed below to act on my/our behalf. I/We also authorize and give consent to entry upon the subject property by review agencies' staff and/or board members to the extent necessary to evaluate and act upon this application. In the event the applicant withdraws this authorization to enter, this application shall be deemed withdrawn in its entirety. (If there are more than two owners, please attach Supplemental Signature Form, PZ-SIG-01)

**Primary Owner**

Primary Owner*:		Owner's Corporation (if any)	
Signature*:			Date Signed*:
Mailing Address*:			
eMail*:			Preferred Contact Method:
Phone #s:	primary*:	other:	eMail    Snail Mail    Phone

**Property Co-owner, if applicable**

Co-Owner*:		Owner's Corporation (if any)	
Signature*:			Date Signed*:
Mailing Address*:			
eMail*:			Preferred Contact Method:
Phone #s:	primary*:	other:	eMail    Snail Mail    Phone

**APPLICANT/DEVELOPER AUTHORIZATION**

Primary Applicant*:		Applicant's Corporation (if any):	
Signature*:			Date Signed*:
Mailing Address*:			
eMail*:			Preferred Contact Method:
Phone #s:	primary*:	other:	eMail    Snail Mail    Phone

Please be sure to complete the authorization sections on the following page, including the required signatures, before submitting this application.

Subdivision Number Request and Application

Project Name:						Prelim. Plan #:					
<b>Co-applicant, if applicable</b>											
Co-Applicant*					Applicant's Corporation (if any):						
Signature*:						Date Signed*:					
Mailing Address*:											
eMail*:						Preferred Contact Method:					
Phone #s:	primary*:				other:			eMail		Snail Mail	Phone
<b>Agent or Licensed Preparer</b>											
Agent's Name*:					Agent's Corporation (if any)*:						
Signature*:						Date Signed*:					
Mailing Address*:											
eMail*:						Preferred Contact Method:					
Phone #s:	primary*:				other:			eMail		Snail Mail	Phone