



DEPARTMENT OF PLANNING & ZONING

Request for Determination of Adequacy: Public Schools

Development Review
150 Main Street, 3rd Floor, Prince Frederick, MD 20678
Phone: 410-535-2348 | 410-535-1600, ext. 2356
MD Relay: 800-735-2258 | Fax: 410-414-3092

Email Completed APF Forms → for Site Plan Submittals: DevRev@calvertcountymd.gov
→ for Recording Package Submittals: Plats@calvertcountymd.gov

This document should be uploaded via the "Electronic Documents" section of the Encompass Online Portal if the project application is being submitted, or was initially submitted, via the Online Portal.

This form is required as described in Calvert County Code Chapter 3. When a project requires APF, please complete and submit this form with the initial application. This will provide awareness to the various departments, which will then provide the applicant with information regarding current status. When the project reaches Final approvals, these documents must be resubmitted with the initial package to ensure that the department remains adequate and/or the mitigation suggested at initial document review has been completed.

Project Information Date Submitted: _____
Project Name: _____ Project Number: _____
County Road Frontage: _____
State Highway Road Frontage: _____
Number of Lots in Subdivision: _____ Number of APFO Exempt Lots: _____

Systems Currently Serving Project Location

	For Verifier Use Only		
	Verified	Adequate	Inadequate
Elementary: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Certification

I certify that the information contained in this form is true and complete.

Name of Applicant or Authorized Agent: _____

Signature of Applicant or Authorized Agent: _____ Date: _____

Initial Review (the initial review for adequacy of the services is only valid for six months)

If "inadequate" is marked above, the following mitigation must be provided:

Attach a separate sheet if additional space is needed, including the project name and number at the top of each page.

Adequacy: Public Schools

Project Name: _____ Project Number: _____

County Code Section: Calvert County Code, Chapter 3, Article V. Public Schools

Authorized Person: _____ Title: _____

Signature of Authorized Person: _____ Date Reviewed: _____

Verifying Authority (to be completed no more than 30 days prior to Final Approval)

Verifying Entity: _____

County Code Section: Calvert County Code, Chapter 3, Article V. Public Schools

Authorized Person: _____ Title: _____

Signature of Authorized Person: _____ Date Signed: _____

Notes:

