



Development Review: Site Plan 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 for a Concept number request or review, please complete Section 1 in its entirety. When applying for a Detailed Site Development 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 or application package 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, Category I Site Plans are larger and have more impact than Category II. Please see the Calvert County Zoning Ordinance, Article 30, for more specific information.

Site Plan Category:	<input type="checkbox"/> Cat. I	<input type="checkbox"/> Cat. II	
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PROPERTY & PROJECT INFORMATION

SPECIFIC PARCEL INFORMATION

Tax Map #	Parcel #	Lot (if any)	Block (if any)	Section (if any)	Tax ID #

Is the property located within a Town Center?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please identify
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Zoning District	Critical Area	Type of Project?	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:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, HPD #:
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Total Property Acreage:	Wetlands Acreage:	Disturbed Acreage:

Current Deed Reference:	Current Deed Date:

PROJECT DESCRIPTION please provide a short description of this project

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

Project Name:		Concept Number:	
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., Article 18-2.A.1.	
MULTI-FAMILY OR ATTACHED HOUSING			
Complete this section ONLY IF constructing multi-family or attached housing.			
# of Townhouses:		# of Apartments:	
		# of Duplexes:	
		# of Condos:	
PROJECT CONTACT INFORMATION If additional space is needed, please attach a supplemental signature form (PZ-910).			
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:	
Stop here if you are requesting a Concept number assignment or submitting a Concept for review.			
If you are requesting a Detailed Site Development Plan number assignment or submitting a DSDP for review, please complete Section II, starting on the next page.			

Project Name:	Concept Number:
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If you are requesting a Detailed Site Development Plan number assignment or submitting a DSDP for review, please complete Section II, starting below.

SECTION II - DETAILED SITE DEVELOPMENT PLAN (DSDP)

Note: When completing the application for a Detailed Site Development Plan, all information must be completed and all applicable items on "SP-311/SP-312 Site Plan Application Package Checklist" (as appropriate) 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 site plan approval is **NOT** a permit. Following site plan approval, construction permits must be obtained for grading/clearing, building construction and signs. An occupancy permit is required for change in use.

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

Project Name:	DSDP Number:
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Property Address:

Project Name:	
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SPECIFIC PARCEL INFORMATION this is pulled from page 1. Any changes require P&Z concurrence.

Tax Map #	Parcel #	Lot (if any)	Block (if any)	Section (if any)	Tax ID #						
Election District:	1	2	3	PFA?	Yes	No	Growth Tier?	I	II	III	IV
Road Frontage:				road ownership:	SHA	County	Private				
Road Frontage:				road ownership:	SHA	County	Private				
Road Frontage:				road ownership:	SHA	County	Private				
Choose one:	This property is in the Critical Area and I have submitted form CA-101 with this application.										
Choose one:	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
Application Type	Case #	Resolution #	Action Date		
Rezoning					
Board of Appeals					
Subdivision					
Previous Site Plan Review					
Architectural Committee					

Project Name:		DSDP #:	
Application Type	Case #	Resolution #	Action Date
Historic District			
Historic Site Surveys			
Replat			
Other (specify)			
Other (specify)			

PROJECT DESCRIPTION

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			

The purpose of these 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.

1. Project Description

2.a. Reduction / waiver request for any of the following (please list with an explanation and justification): wetlands report, wetlands buffer, and/or stormwater management.

Project Name:		DSDP #:	
<p>2.b. Reduction / waiver request for any Forest Conservation items.</p>			
<p>2.c. Reduction / waiver request for any Critical Area items.</p>			
<p>3. Do you anticipate needing rulings from any of the following (please identify, at a high level, the item of concern): Board of Appeals, Architectural Review Board, Zoning or Map Amendments or PCA Variances?</p>			
<p>4. List all structures, barns, houses, etc. that exist, note if any are 50 years or older, and specify retention or removal.</p>			
<p>5. Other comments/explanation for issues not listed above that need to be brought to the attention of any review agencies:</p>			
<p style="text-align: center; color: red;">Please be sure to complete the required signatures on page 6 before submitting this application.</p>			

Project Name:		DSDP #:	
PROJECT AUTHORIZATION			
<p>I/We the undersigned and the owners of the property described above do hereby submit this application for site plan 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 or additional copies of this page).</p>			
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
Co-applicant, if applicable			
Co-Applicant*:		Applicant's Corporation (if any):	
Signature*:			Date Signed*:
Mailing Address*:			
eMail*:			Preferred Contact Method:
Phone #s:	primary*:	other:	eMail Snail Mail Phone
Agent or Licensed Preparer			
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