



**TOWN OF TRAPPE
DEVELOPMENT
APPLICATION**

4011 Powell Ave
Trappe, MD 21673
410-443-0087
410-443-0562 (fax)

Town Use
File Number: _____
Applied ____/____/____
Prelim. Approved ____/____/____
Concept Approved ____/____/____
Final Approved ____/____/____

APPLICANT INFORMATION

NAME: _____; PHONE: (_____) _____ - _____

MAILING ADDRESS: _____

Have you been authorized by the landowner(s) to act as their agent for this development? (Y) (N)
Attach authorization if not owner.

PROJECT INFORMATION

TYPE:

- () Planned Unit Development (PUD) () Major Subdivision () Minor Subdivision () Site Plan
() Lot Line/Boundary Division () Change of Use

NAME: _____

ACREAGE: _____ acres

ZONING DISTRICT: (R1) (R2) (R3) (C1) (C2) (M) (A)

LOTS: _____ lots

LOCATION:

MAP(S)/PARCEL(S): _____/_____; _____/_____; _____/_____

LIBER/FOLIO: _____/_____; _____/_____; _____/_____

DESCRIPTION:

UTILITY SOURCE:

() Town Sewer () Town Water () Private Well () Private Septic

SUB-CONSULTANTS/FIRMS:

1. NAME: _____; PHONE: (____) _____ - _____

ADDRESS: _____

CONTACT PERSON: _____

2. NAME: _____; PHONE: (____) _____ - _____

ADDRESS: _____

CONTACT PERSON: _____

By submitting this application, the applicant understands, and agrees, that the Town of Trappe may engage other professional services in the review of this application to include, but not limited to, legal, engineering, planning, advertising, and others as necessary. The cost of these services will be the responsibility of the applicant. Payment will be a condition of approval, and failure to pay may result in a lien on the property or other legal remedy.

Your signature acknowledges the information on this application is true and correct, and acceptance of responsibility for associated review fees.

Signature of Applicant: _____ Date: _____

Attach additional sheets if more space is needed for any of the required information above.

Fees Paid Date: _____ Amount: \$ _____