



THE TOWN OF CENTREVILLE 101 LAWYERS ROW CENTREVILLE, MD 21617
410-758-1180 FAX 410-758-4741 WWW.TOWNOFCENTREVILLE.ORG

PLANNING COMMISSION APPLICATION

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Major Subdivision
<input type="checkbox"/> Concept	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Sketch
<input type="checkbox"/> Final	<input type="checkbox"/> Final	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Property Line Adjustment	<input type="checkbox"/> Re-Subdivision	<input type="checkbox"/> Final
<input type="checkbox"/> Annexation	<input type="checkbox"/> Zoning Re-Classification	

Applicant Name: _____

Applicant Address: _____

Phone #: _____ Cell Phone #: _____ Email: _____

Proposed Name of Subdivision/Project: _____

Property Address: _____

Map: _____ Parcel: _____ Block: _____ Zoning: _____

Brief Description of Project Location: _____

Brief Description of Project Proposal: _____

Number of Existing Lots: _____ Number of Proposed Lots: _____

Has property involved ever been subject to previous application? _____

If so, give application number and date: _____

Signature of Applicant(s) or Agent/Attorney

OFFICE USE ONLY

TOTAL PLAN REVIEW FEE

Payment Date: _____

Amount: _____

Check Number: _____

Receivables Approved: _____

Date: _____