



Application for

Annexation Application

ANX

2/09

City of Rockville

Department of Community Planning and Development Services

111 Maryland Avenue, Rockville, Maryland 20850

Phone: 240-314-8200 • Fax: 240-314-8210 • E-mail: Cpds@rockvillemd.gov • Web site: www.rockvillemd.gov

Please Print Clearly or Type

Property Address Information _____

Subdivision _____ Lot (S) _____ Block _____

Zoning _____ Tax Account (S) _____, _____, _____

Property Size (in square feet) _____

Property's Use Existing (to include office, industrial, residential, commercial) _____

Applicant Information:

Please supply Name, Address, Phone Number and E-mail Address

Applicant _____

Property Owner _____

Architect _____

Engineer _____

Attorney _____

Property Current Zoning In Montgomery County _____

STAFF USE ONLY	
Application Acceptance:	Application Intake:
Application # _____	OR Date Received _____
Date Accepted _____	Reviewed by _____
Staff Contact _____	Date of Checklist Review _____
	Deemed Complete: Yes <input type="checkbox"/> No <input type="checkbox"/>

Project Name _____

Metes and Bonds Description _____

A letter of authorization from the owner must be submitted if this application is filed by anyone other than the owner.

I hereby certify that I have the authority to make this application, that the application is complete and correct and that I have read and understood all procedures for filing this application.

Please sign here _____

Application Checklist:

The following documents are to be furnished as part of this application:

Submitted

- Complete Application
- Filing Fee
- Petition
- Metes and Bonds description and graphic plan prepared and certified by a professional engineer.
Twelve (12) copies: (size 8.5 x 11, 11x14, or 11x17)
 - Electronic Copy

Comments on Submittal: (For Staff Use Only)
