



**DIVISION OF PLANNING & PERMITTING
FREDERICK COUNTY, MARYLAND**

30 North Market Street • Frederick, Maryland 21701
Phone (301) 600-1138 • Fax (301) 600-1645 <http://www.frederickcountymd.gov>

CORRECTION PLAT - APPLICATION (Phase 4)

Prior to, (at least 2 business days) your submission, email DevelopmentReviewIntake@FrederickCountyMD.gov or fax 301-600-1645, completed/signed application for processing, fees generated, to be paid upon initial submission.
Questions: contact Development Review at 301-600-1138

- Required for Submission
- 6 Copies of Plans (folded 8-1/2 x 11) Copy of Recorded Plat correcting (8 1/2 X11)
- CIP (capital improvement project, No fees) Exist. Frederick County Subdivision/Site Plan # _____

Tax Map(s) _____ Parcel(s) _____ Number of Lots _____

Acreage _____ Remainder #of Acres _____ Well/Septic or Public water/sewer

Tax ID#(s) _____ Commercial or Residential Property

Y N Property Located *ON* or *Along* a State Highway Y N Exist. Structure on Property

Subdivision /Site Name _____

Address / Location _____

Description of Request _____

Owner/Applicant _____
Address _____

Phone _____

Check one for Review Comments:
 Mail Email _____

Engineer/Surveyor _____
Address _____

Phone _____

Check one for Review Comments:
 Mail Email _____

The Applicant hereby certifies under the penalties of perjury, and agrees as follows: 1) That he/she is authorized to make this application on behalf of all property owners, 2) That the information is correct, 3) That he/she will comply with all regulations of Frederick County which are applicable hereto.

Printed name

Signature of Owner or Agent

- Notes: 1. Review comments Frederick County Web Site : <http://www.frederickcountymd.gov/index.aspx?nid=2532>
2. Only complete submissions will be credited on the date received
3. Checks made payable to Treasurer of Frederick County- Additional fees may be due per fee schedule FY2019

FEES

(Misc, CORRECTN)	
1. Planning	\$369.00
2. Health Dept.	\$75.00
3. Water/Sewer (Community only)	\$75.00
4. Engineering	\$115.00
Total =	

File #:
A/P #:
Due Date:

Checklist Items

Minimum information required for plat submittal.
Additional information may be required.

OK NO **GENERAL**

- ___ ___ Drawing: Size, Material, Ink, Legible
___ ___ Title Information: Name, Section &
___ ___ Location
- ___ ___ Election District, Community, State
- ___ ___ Scale, Date, North Arrow
- ___ ___ Name, Address, Phone of Owner
- ___ ___ Name, Address, Phone of Engineer
- ___ ___ Vicinity Map, Scale, Tax Map Numbers,
- ___ ___ Overall Property(s)
- ___ ___ Horizontal Datum
- ___ ___ Surveyor's Certification & Seal
- ___ ___ Owner's Dedication & Notary
- ___ ___ Acreage Chart
- ___ ___ Boundary(s) & Area (when applicable)

OK NO **EXISTING/PROPOSED**

- ___ ___ Adjacent Roads-Paving, Width, R/W, Road
___ ___ Dedication