



**MAYOR AND CITY COUNCIL OF LAUREL  
DEPARTMENT OF COMMUNITY PLANNING & BUSINESS SERVICES**

8103 Sandy Spring Road • Laurel, Maryland 20707 • (301) 725-5300  
Internet Address <http://www.laurel.md.us> • E-mail: [pnz@laurel.md.us](mailto:pnz@laurel.md.us)

Date Filed:	_____
Incode No.:	_____
Application No.:	_____
Planner:	_____
Zoning Sign:	_____
PC Hearing:	_____
PC Decision:	_____
Resolution No.:	_____

## **RECORD PLAT APPLICATION**

**\*\*APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY. APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS IN THE CHECKLISTS ARE ADDRESSED. \*\***

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PLAT OF CONSOLIDATION

PLAT OF CORRECTION

PLAT OF SUBDIVISION

<input type="checkbox"/>
<input type="checkbox"/>

COMMERCIAL/INDUSTRIAL

RESIDENTIAL

\*\*check all that apply

### **1. SUBJECT PROPERTY**

Project/Subdivision Name: \_\_\_\_\_

Street Address/Location: \_\_\_\_\_

Acreage: \_\_\_\_\_ # of Lots: \_\_\_\_\_ Zoning: \_\_\_\_\_

Tax Identification No.: \_\_\_\_\_

### **2. APPLICANT**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **3. PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)**

\*\*if more than one property owner, please list additional owners on a separate page\*\*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **4. ENGINEER/SURVEYOR**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**5. PROPERTY DESCRIPTION(S)**

Describe the type of plat change (consolidation, subdivision, etc.) as well as the subdivision name, lot number, block, and tax account number of the original parcel(s) and the number and size of the new lot(s).

**6. RECORD PLAT CHECKLIST**

The submitted record plat **MUST** contain the following items. Sec. 20-33.2 of the City of Laurel Unified Land Development Code contains a detailed listing of the pertinent informational items required for review.

**Fifteen (15) copies of the record plat need to be submitted with the application.**

**An electronic copy of the plat in .dwg format showing all property lines and building footprints is also required.**

- |   |  |
|---|--|
| ✓ subdivision name  | ✓ date, north arrow, and site location map   |
| ✓ minimum scale of 1" = 100'  | ✓ deed and/or legal description of boundary  |
| ✓ name(s) and address(es) of record owner, subdivider, and surveyor   | ✓ lot lines with dimensions, lot and block numbers, and land area of each lot                                |
| ✓ location of all easements, reservations and right-of-ways provided for public services and utilities          | ✓ delineation of any areas reserved for common use or mandatory dedication                                   |
| ✓ name and location of all adjoining property including lot and block numbers, plat references, and liber/folio | ✓ location, width, and name of all existing or proposed right-of-ways located in the subdivision/development |
| ✓ location of all survey monuments (i.e. iron pipes)  | ✓ location of all building restriction lines for each lot  |

**7. PLAT RECORDATION**

*Plat corrections and consolidations approved by the City of Laurel Planning Commission must be officially recorded with Prince George's County Land Records Office. Once the plat is recorded with the Land Record Office, the applicant must provide 15 copies of the plat containing the date recorded, plat book and plat number to the City of Laurel Department of Community Planning and Business Services for distribution to state, local, and federal agencies.*

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**APPLICANT**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name \_\_\_\_\_

**PROPERTY OWNER (Required if different than applicant)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name \_\_\_\_\_

<u>Fees</u> (see separate schedule)	<u>Amount</u>	<u>Account #</u>
Filing Fee		10-43105
Zoning Sign	\$30.00	10-43105
<b><u>Total:</u></b>		