



APPLICATION FOR
ZONING MAP AMENDMENT
ALLEGANY COUNTY, MARYLAND

LDS Office Use Only

Case Number	
Date Filed	
Planning Commission Hearing	
Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
County Commissioners Hearing Date	
Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Effective Date	
Non-Refundable Filing Fee	\$500. ⁰⁰

APPLICANT INFORMATION

Name	Phone
Address	
City/State/Zip	

PROPERTY IDENTIFICATION

Written, legal description of area to be rezoned.

Identify tract(s), lot(s), block(s) and/or subdivision(s) to be rezoned.

Tax Map	Grid	Parcel	Lot	Deed Reference	Lot Size(Ac)
Total Acreage					

CURRENT ZONING CLASSIFICATION: _____ - _____ Zoning District.

PROPOSED ZONING CLASSIFICATION: _____ - _____ Zoning District.

REQUIRED ATTACHMENTS (two copies of each)

Identification Plat - Plat prepared by civil engineer, surveyor or other competent person, certified by him to be correct, showing by metes and bounds, conform to lot boundaries within a subdivision for which a plat is recorded in the land records of the County, then a copy of such plat, the land shown on the plat.

Vicinity Map - A map certified by the Allegany County Planning & Zoning Commission covering the area within 1,000 feet of the boundaries of the land covered by this application showing the existing zoning classification of such land as it appears on the official zoning map in the office of the Planning and Zoning Commission and all roads, street, alleys, parks and other areas in public ownership or on public rights-of-way and those proposed on the Master Highway Plan Allegany County, and all streams and railroad rights-of-way and the names thereof.

SIGNATURE OF APPLICANT:

Name _____ Date _____

NOTARY: Subscribed and sworn before me this _____ day of _____ 200____

My Commission Expires _____

Notary Public _____