

**WASHINGTON COUNTY PLANNING COMMISSION
WASHINGTON COUNTY, MARYLAND**

ORDINANCE AMENDMENT APPLICATION

PLEASE BE SURE TO COMPLETE THE APPROPRIATE SECTIONS AND SIGN THE APPLICATION.

THE APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE FEES. (PLEASE MAKE CHECKS PAYABLE TO: "WASHINGTON COUNTY TREASURER".)

To be completed by the Planning Commission
Case No. _____
Date Filed: _____
Fee Paid: _____
Hearing Date: _____

APPLICANT

ADDRESS

PROPERTY OWNER

ADDRESS

Type of Amendment requested:

MAP AMENDMENT

1) Zoning Ordinance:

The applicant hereby petitions for the reclassification of land

Located at _____
Street Name and Number or N S E W side of road, distance N S E W from nearest
Intersecting road

Consisting of _____
Area in square feet if less than one (1) acre, or in acres if one (1) acre or more

From the _____ District to the _____
Present classification Requested Classification

Tax Map: _____ Grid: _____ Parcel No.: _____

Explanation (As described in the "Administrative Procedures for Rezoning Applications"): _____

If additional space is needed, please attach a separate sheet of paper)

REASON FOR THE REQUEST: (Please check one)

- Change in the character of the neighborhood
- Mistake in Original Zoning

TEXT AMENDMENT

Please check one:

Adequate Public Facilities Ordinance	_____
Comprehensive Plan	_____
Forest Conservation Ordinance	_____
Solid Waste Plan	_____
Subdivision Ordinance	_____
Water and Sewer Plan	_____
Zoning Ordinance	_____

Proposed Text: Deletions should be in brackets, unchanged wording in lower case, and new wording in caps.

Section No. _____

Attorney or Agent

Address

Address

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, 20____. My commission expires on _____.

Notary Public

OWNER'S REPRESENTATIVES AFFIDAVIT FOR REZONING APPLICATIONS

This is to certify that _____ is authorized to file an application for
 (applicant's name)

an application for the rezoning of lands located at _____,
 (location)

containing _____, from _____ to _____,
 (acres) (existing classification) (requested classification)

and that said application is authorized by _____, the property owner in fee.
 (owner's name)

PROPERTY OWNER

AUTHORIZED REPRESENTATIVE

Name

Name

Address

Address

Signature

Signature

Subscribed and sworn before me this _____
day of _____ of 20_____.

Subscribed and sworn before me this _____ day of
_____ of 20_____.

Notary Public

Notary Public

My Commission expires: _____

My Commission expires: _____