

**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: _____

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\_\_\_\_\_  
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"): \_\_\_\_\_

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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: \_\_\_\_\_