



**BOARD OF ZONING APPEALS**

747 Northern Avenue | Hagerstown, MD 21742 | P: 240.313.2430 | F: 240.313.2461 | Hearing Impaired:

7-1-1 WWW.WASHCO-MD.NET

**Appeal for Change of Non-Conforming Use**

Appeal is hereby made for permission to change a non-conforming use in accordance with the provisions of Section 4.3 of the Washington County Zoning Ordinance as follows:

Location \_\_\_\_\_

Appellant's present legal interest in above property: (Check One)

\_\_\_\_\_ Owner (Including Joint Ownership)    \_\_\_\_\_ Lessee    \_\_\_\_\_ Contract to rent/lease  
\_\_\_\_\_ Contract to Purchase \_\_\_\_\_ Other \_\_\_\_\_

Present or previous non-conforming use: \_\_\_\_\_

Has previous use ceased for six (6) months or more? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Date of cessation: \_\_\_\_\_

Describe the nature and extent of the proposed change: **Provide Explanation on Separate Sheet**

Reason for requested change: **Provide Explanation on Separate Sheet**

Has any previous request for change of this property been made to the Board?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, give docket number(s): \_\_\_\_\_

Additional comments, if any:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I have, to the best of my knowledge, accurately supplied the information required for the above referenced appeal.

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Address of Appellant

\_\_\_\_\_  
Email of Appellant

\_\_\_\_\_  
Phone Number of Appellant

This appeal form is to be used to assist the customer in gathering the information necessary to submit an application. However, the application shall be processed in person.