Washington County MARYLAND

FOR PLANNING COMMISSION USE ONLY
Rezoning No. _____
Date Filed: _____

WASHINGTON COUNTY PLANNING COMMISSION ZONING ORDINANCE MAP AMENDMENT APPLICATION

_____
Applicant

□Property Owner □Contract Purchaser
□Attorney □Consultant
□Other: _____

_____
Address

_____
Primary Contact

_____
Phone Number

_____
Address

_____
E-mail Address

Property Location:_____

Tax Map:_____Grid:_____Parcel No.:_____Acreage: _____

Tax Account ID: _____

Current Zoning:_____Requested Zoning:_____

Reason for the Request:
□ Change in the character of the neighborhood
□ Mistake in original zoning
□ Floating or overlay zoning district

_____
Applicant's Signature

Subscribed and sworn before me this_____day of_____, 20_____.

My commission expires on_____

_____
Notary Public

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□ Application Form
□ Fee Worksheet
□ Application Fee
□ Ownership Verification or Owner's Affidavit
□ Boundary Plat (Including Metes & Bounds)
□ Vicinity Map
□ Justification Statement
□ 2 hard copies and 1 digital copy of complete Application Package