

**BARRY GLASSMAN**  
HARFORD COUNTY EXECUTIVE

**BILLY BONIFACE**  
DIRECTOR OF ADMINISTRATION



**BRADLEY F. KILLIAN**  
DIRECTOR OF PLANNING & ZONING

## 2017 Comprehensive Zoning Review - Application for Zoning Change

Please complete this application in its entirety and submit to the Department of Planning and Zoning (do not mail application). Agents/Owners with 2 or more applications must make an appointment. To schedule an appointment, please call 410-638-3119 or 410-638-3207. See the attached packet for definitions and detailed instructions. A map that accurately depicts the boundaries of the property that is the subject of the requested rezoning must be attached to the application. Maps can be produced by Department of Planning and Zoning staff at the time of application. Please do not submit aerial photography.

Groups of up to 25 adjacent parcels/lots under common ownership may be included on one application, provided that the existing zoning for each parcel/lot and requested zoning are the same. For applications containing multiple parcels, the applicant shall provide an attachment(s) which contains all of the information required under Section 2 below for each parcel. In the event that multiple zoning changes are requested on one parcel, **separate applications must be submitted for each zoning change requested. The total fee is eight hundred dollars (\$800.00) PER APPLICATION.**

**1. Applicant:** *(place an X on the appropriate line - please choose only one)*

A. Property Owner: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ - **OR** - B. Authorized Agent: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**If the owner(s) wishes to designate a representative to file and sign this form, a signed letter of authorization must be submitted with the application. The authorization form is available from the Department of Planning and Zoning.**

**2. Description of Property:**

Physical Property Location (street address) \_\_\_\_\_

Election District and Precinct \_\_\_\_\_ Councilmanic District \_\_\_\_\_ Tax ID # \_\_\_\_\_

Map # \_\_\_\_\_ Grid # \_\_\_\_\_ Parcel # \_\_\_\_\_ Lot # \_\_\_\_\_

Existing Zoning \_\_\_\_\_ Total Acreage of Parcel \_\_\_\_\_ Total Acreage of Parcel to Rezone \_\_\_\_\_

Present Use \_\_\_\_\_

**3. Requested Zoning Change** *(place an X by the appropriate category -- please choose only one)*

Agricultural (AG) _____	Rural Residential (RR) _____	Residential (R1) _____
Residential (R2) _____	Residential (R3) _____	Residential (R4) _____
Residential Office (RO) _____	Village Residential (VR) _____	Village Business (VB) _____
Business (B1) _____	Business (B2) _____	Business (B3) _____
Commercial Industrial (CI) _____	General Industrial (GI) _____	Light Industrial (LI) _____
Mixed Office (MO) _____		

I (We) certify that I am (we are) the owner(s) or authorized agent of record of this parcel of land at the time of signing this form.

Agent/Owners \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: This form, or an Owner Authorization Form, must be signed by all owners of record. If any owner of record is deceased, a copy of the Death Certificate must accompany the application/ authorization. Signatures by corporate officials must be that of the "Managing Member" or "President" and such title must be denoted on the application. If an applicant has Power of Attorney, a copy of those documents must accompany the application.*

*Office Use Only Below This Line*

Issue Number \_\_\_\_\_

Date Submitted \_\_\_\_\_

Application Received by \_\_\_\_\_

Payment Receipt \_\_\_\_\_

Attachments \_\_\_\_\_

Authorization Letter \_\_\_\_\_

**MARYLAND'S NEW CENTER OF OPPORTUNITY**

410.638.3103 | 410.879.2000 | TTY Maryland Relay 711 | www.harfordcountymd.gov

220 South Main Street, Bel Air, Maryland 21014

THIS DOCUMENT IS AVAILABLE IN ALTERNATIVE FORMAT UPON REQUEST