



HARFORD COUNTY, MARYLAND
Department of Planning and Zoning
 220 South Main Street • Bel Air, Maryland 21014 • (410) 638-3103

2008/2009 Comprehensive Zoning Review - Application for Zoning Change

Please complete this form in its entirety and bring to the Department of Planning and Zoning (do not mail application). Agents/Owners with 5 or more applications must make an appointment. To schedule an appointment, please call 410-638-3104 or 410-638-3106. In order to read all copies, you must **print** and **press firmly**. See the attached packet for definitions and detailed instructions.

A copy of a map identifying property boundaries and area of requested rezoning must be attached to the application. Maps can be produced in the Department of Planning and Zoning at the time of application. Please do not submit aerial photography.

A separate form must be submitted for each parcel. In the event that multiple zoning changes are requested for the same parcel, **separate applications must be submitted for each zoning change requested** (example: 20 acre total parcel zoned AG, requesting 15 acres rezoned to RR and the remaining 5 acres to R3, OR 20 acre total parcel split-zoned AG and RR, requesting rezoning for a portion of both zoning categories). **The total fee is eight hundred dollars (\$800.00) PER APPLICATION.**

1. Applicant: (place an X in the appropriate box - please choose only one)

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

Name of Applicant: _____

Mailing Address: _____

Phone number: (____) _____ Email address: _____

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 (R) _____
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) _____	

4. Proposed Use: _____

5. Justification for Request (attached sheet if necessary): _____

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: Property Map _____	Authorization Letter _____