REZONING

APPLICATION PROCEDURES AND INSTRUCTIONS

1. The following must be submitted to the Office of Planning and Zoning, 200 Chesapeake Boulevard, County Administration Building, Room 2300, Elkton, MD 21921:

- Application
- Sketch of proposed project that indicates property size, boundaries, structures, adjacent streets, etc.
- Fee for application (non-refundable)

Acceptance of application by staff does not indicate application approval. All applications must be reviewed and approved by the Zoning Administrator. Incomplete applications may cause delays in processing.

2. Application Fee..................................................................................................................$250.00

Make checks payable to: Cecil County Government

Fees reflect the cost of a maximum time limit of one (1) hour for application presentation. An additional fee of one hundred dollars ($100.00) is required for presentations longer than one (1) hour.

3. Applicants will be notified by Certified Mail of scheduled public hearings. Failure to attend scheduled hearings will result in the application being withdrawn. If the applicant requires the application rescheduled for hearing, a new application must be submitted with the required fee.

4. APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

- Meeting the criteria for granting a rezoning request, as set forth in the Cecil County Zoning Ordinance. A copy of the pertinent section of the Ordinance is attached for your convenience.
- Contacting the Health Department, 401 Bow St., Elkton, (410-996-5160) relative to the application, or other County Departments as required for granted request.

5. Subject properties located in the Chesapeake Bay Critical Area or an Agricultural Preservation District may require additional information and must meet all provisions and requirements pertaining to those areas.

6. Deadline – 15th of each month for the next month’s meetings.

BE ADVISED – As required by the Zoning Ordinance, approximately 21 to 28 days prior to the meeting:

1. Adjoining property owners will be notified of your application.
2. An Inspector from our office will post your property with a notice advertising the scheduled public hearings. Please ensure that the notice remains on your property until the public hearings are finished. Thank you.

REZONING APPLICATION

APPLICANT INFORMATION

APPLICANT NAME – please print clearly (additional names can be listed on page 2) 

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

PROPERTY INFORMATION

CRITICAL AREA? YES NO

SUBJECT PROPERTY ADDRESS

SIZE OF PROPERTY

ELEC. DISTRICT

ACCOUNT#

TAX MAP#

BLOCK

PARCEL

LOT#

PRESENT ZONING: REQUESTED ZONING:

PRESENT LAND USE DESIGNATION: REQUESTED LAND USE DESIGNATION:

PRESENT USE OF PROPERTY: PROPOSED USE OF PROPERTY:

PREVIOUS ZONING CHANGE? YES NO If yes, explain:

TIME SCHEDULE FOR PROPOSED DEVELOPMENT:

REASON FOR REZONING REQUEST

MISTAKE IN THE COMPREHENSIVE REZONING OF MAY 1, 2011? YES NO

IF YES, PLEASE EXPLAIN:

SUBSTANTIAL CHANGE IN THE CHARACTER OF THE NEIGHBORHOOD? YES NO

IF YES, PLEASE EXPLAIN:

MISTAKE IN CHESAPEAKE BAY CRITICAL AREA LAND USE DESIGNATION OF JULY 5, 1988 YES NO

IF YES, PLEASE EXPLAIN:

ADDITIONAL COMMENTS (attached sheet if necessary):

EXPLAIN ANY PROBLEM AREAS AND PROPOSALS TO CORRECT THOSE AREAS
**LIST THE NAME AND ADDRESSES OF ADDITIONAL APPLICANTS**

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**LIST THE NAME AND ADDRESSES OF ALL PROPERTY OWNERS**

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**CERTIFICATION – SIGNATURES**

I/We certify that the information and exhibits submitted are true and correct to the best of my/our knowledge and belief.

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Revised 05/2011-GD