

# 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 Commissioners

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 Failure to attend scheduled hearings will result in the application being withdrawn.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 re-scheduled 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 – 15<sup>th</sup> 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.

QUESTIONS? – CONTACT THE OFFICE OF PLANNING AND ZONING 410-996-5225

# REZONING APPLICATION

DATE FILED: \_\_\_\_\_ PC MTG: \_\_\_\_\_  
AMT. PD: \_\_\_\_\_ COM. MTG. \_\_\_\_\_  
ACCEPTED BY: \_\_\_\_\_ FILE NO: \_\_\_\_\_

## APPLICANT INFORMATION

OWNER \_\_\_\_\_ REPRESENTATIVE \_\_\_\_\_

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 JULY 1, 1993? \_\_\_\_\_ 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**

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**LIST THE NAME AND ADDRESSES OF ADDITIONAL APPLICANTS**

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APPLICANT NAME (please print clearly) ADDRESS

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APPLICANT NAME ADDRESS

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APPLICANT NAME ADDRESS

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

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OWNER NAME (please print clearly) ADDRESS

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OWNER NAME ADDRESS

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OWNER NAME ADDRESS

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OWNER NAME ADDRESS

**CERTIFICATION – SIGNATURES**

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

**APPLICANT(S):**

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PRINT NAME SIGNATURE DATE

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PRINT NAME SIGNATURE DATE

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PRINT NAME SIGNATURE DATE

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PRINT NAME SIGNATURE DATE

**OWNER(S):**

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PRINT NAME SIGNATURE DATE

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PRINT NAME SIGNATURE DATE

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PRINT NAME SIGNATURE DATE

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PRINT NAME SIGNATURE DATE