

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 Failure to attend scheduled hearings will result in the application being withdrawn.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.

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 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

APPLICANT NAME (please print clearly) ADDRESS

APPLICANT NAME ADDRESS

APPLICANT NAME ADDRESS

LIST THE NAME AND ADDRESSES OF ALL PROPERTY OWNERS

OWNER NAME (please print clearly) ADDRESS

OWNER NAME ADDRESS

OWNER NAME ADDRESS

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):

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

OWNER(S):

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE