

**REZONING APPLICATION**

DATE FILED: 2/2/16 PC MTG: 3/21/16  
AMT. PD: \$250.00 COM. MTG: \_\_\_\_\_  
ACCEPTED BY: B FILE NO: 2016-02  
ck# 5419

**APPLICANT INFORMATION**

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

Stephen B Beiler 610-592-4522  
APPLICANT NAME - please print clearly (additional names can be listed on page 2) PHONE NUMBER

2664 Jacob Tome Mem. Hwy Colora MD 21917  
ADDRESS CITY STATE ZIP CODE

**PROPERTY INFORMATION**

CRITICAL AREA? \_\_\_\_\_ YES X NO

W/s Hopewell RD S of Rising Sun 9.9195 Acres  
SUBJECT PROPERTY ADDRESS SIZE OF PROPERTY

6th 6-012302 0010 0016 25 0002  
ELEC. DISTRICT ACCOUNT# TAX MAP# BLOCK PARCEL LOT#

PRESENT ZONING: R.R. REQUESTED ZONING: ~~N.R.~~ B.G

PRESENT LAND USE DESIGNATION: AG. REQUESTED LAND USE DESIGNATION: Comercial  
and small dog kennel

PRESENT USE OF PROPERTY: \_\_\_\_\_ PROPOSED USE OF PROPERTY: \_\_\_\_\_

PREVIOUS ZONING CHANGE? \_\_\_\_\_ YES X NO If yes, explain: \_\_\_\_\_

TIME SCHEDULE FOR PROPOSED DEVELOPMENT: near Future

**REASON FOR REZONING REQUEST**

MISTAKE IN THE COMPREHENSIVE REZONING OF MAY 1, 2011? \_\_\_\_\_ YES X NO  
IF YES, PLEASE EXPLAIN: Not enough commercial zoning planned for area

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**

Stephen B Beiler 2664 Jacob Tome Mem. Hwy  
OWNER NAME (please print clearly) ADDRESS

Rachel S Beiler COLORA MD 21917  
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):**

Stephen Beiler Stephen Beiler 2-12-16  
PRINT NAME SIGNATURE DATE

Rachel Beiler \_\_\_\_\_  
PRINT NAME SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE

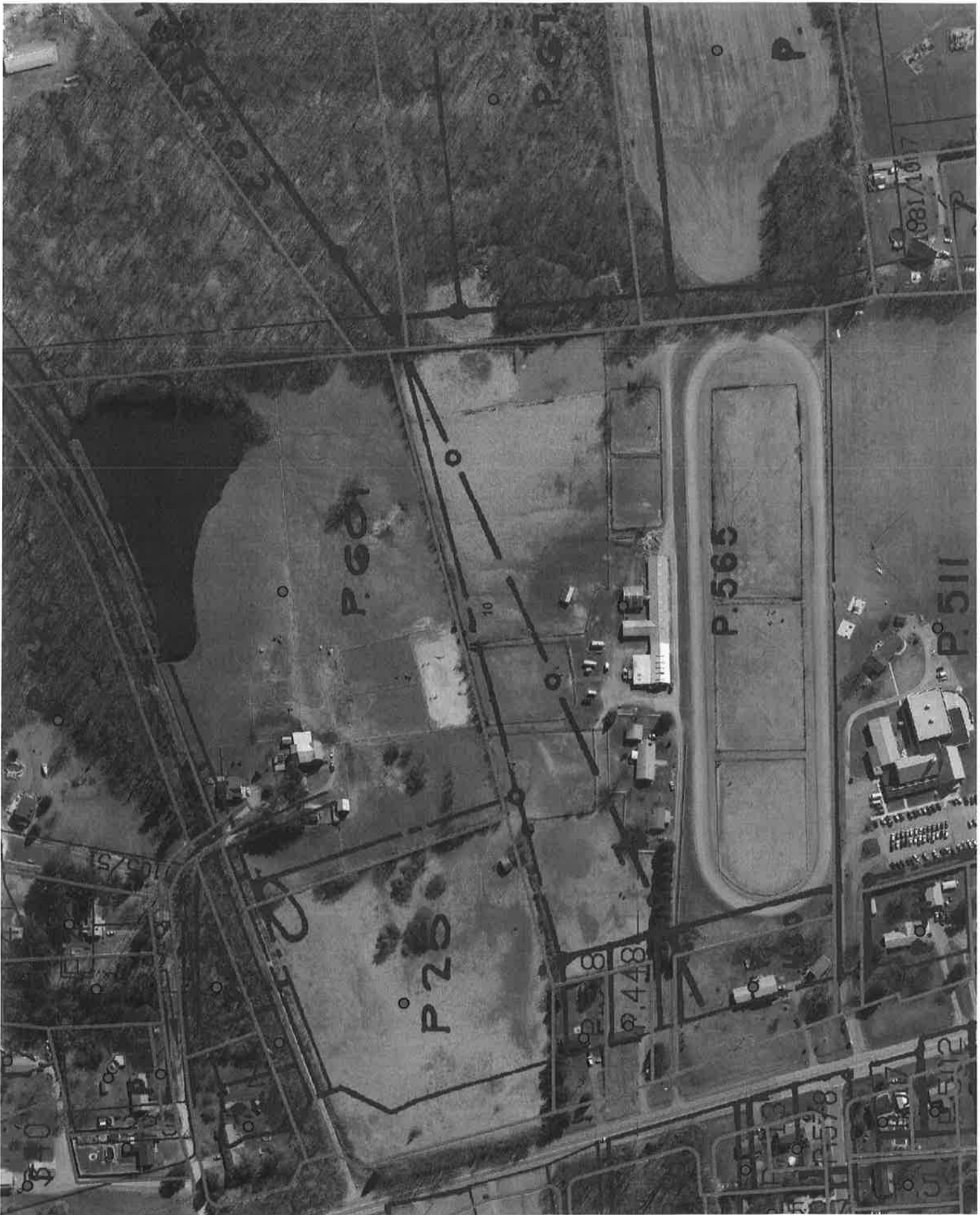
**OWNER(S):**

Stephen Beiler Stephen Beiler 2-12-16  
PRINT NAME SIGNATURE DATE

Rachel Beiler \_\_\_\_\_  
PRINT NAME SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE

\_\_\_\_\_  
PRINT NAME SIGNATURE DATE



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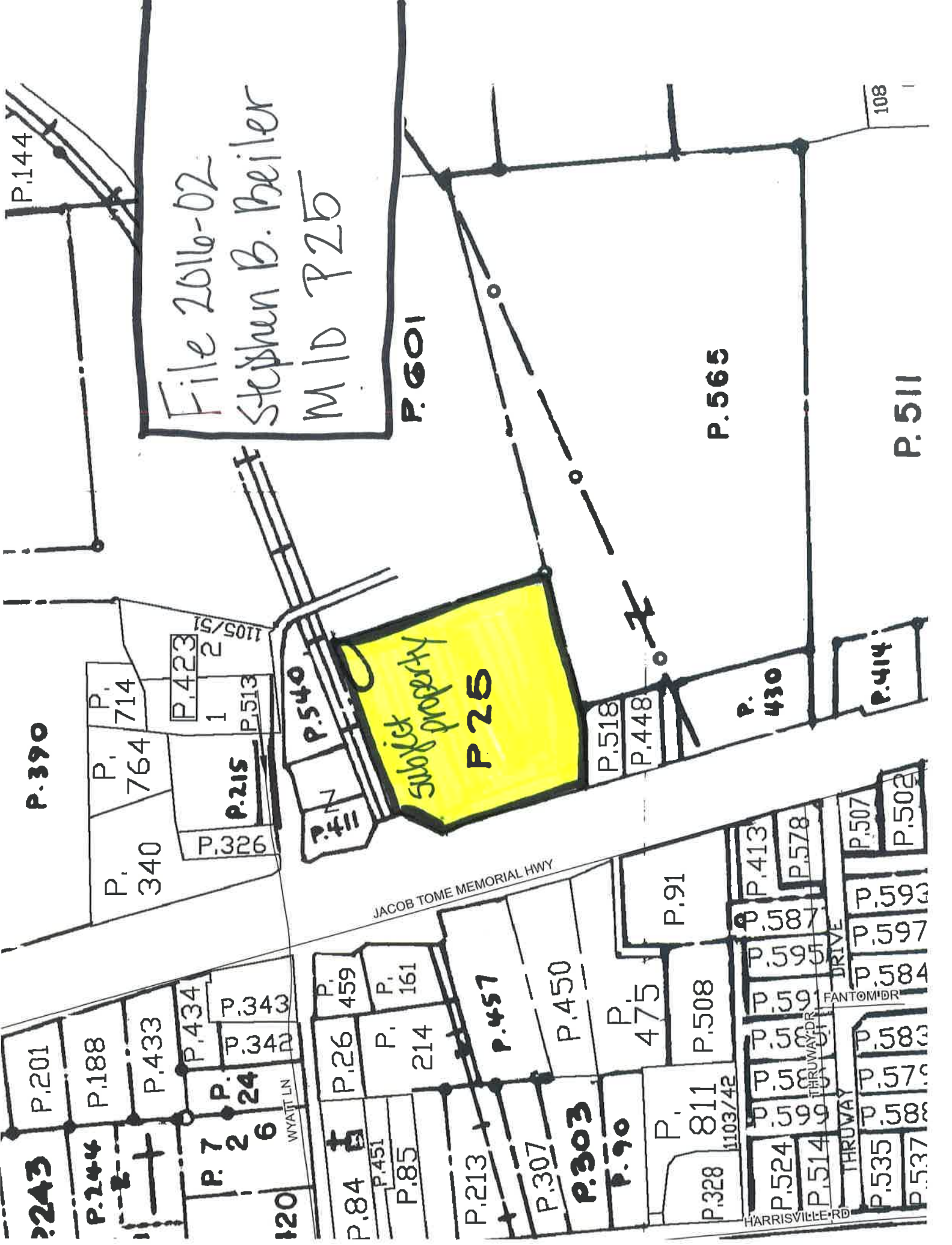
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File 2016-02  
Stephen B. Beiler  
M/D P. 25

JACOB TOME MEMORIAL HWY

HARRISVILLE RD

DRIVE

FANTOM DR

THRUWAY DR

THRUWAY

Sublet property  
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