

For Office Use Only
Request Number _____
(Type-District-Year-000)

Carroll County Department of Planning Comprehensive Zoning Application

Full non-refundable payment of \$800.00 is due at the time of submission in order for the application to be processed.

Request: Current Zoning _____ Requested Zoning _____

Tax Account Number(s) _____

Up to 10 properties that are adjacent and in the same ownership may be considered together if they have the exact same rezoning request.

1. Owner Information

Please include additional property owners in an appendix.

Contact Information: Phone Number _____ Email Address _____

Property Owner 1: _____

Address: _____

Property Owner 2: _____

Address: _____

Representative: _____

Address: _____

2. Requested Property Information

Acct ID/Address 1: _____

Acct ID/Address 2: _____

Acct ID/Address 3: _____

Acct ID/Address 4: _____

Acct ID/Address 5: _____

Additional space on the back is provided for more properties.

3. Proof of Representation- Please indicate all forms of property identification by circling YES or NO (Please Attach)

Driver's License with property owner address matching the requested property owner information as indicated in SDAT. YES NO

Mortgage booklet matching the requested property's address YES NO

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Notarized Contract Purchaser Agreement YES NO

Attorney representing a client with signed letter listing the property for representation YES NO

4. Additional Properties Information

Acct ID/Address 6: _____

Acct ID/Address 7: _____

Acct ID/Address 8: _____

Acct ID/Address 9: _____

Acct ID/Address 10: _____

Payment Received: CK or Invoice # _____

A 2.5% processing fee will be applied to all credit card payments.

