

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.

Only properties implementing the land use designation of the 2018 Freedom Community Comprehensive Plan or the 2019 Amended Carroll County Master Plan will be accepted.

Please note: Under Section 4-101 of the MD Annotated Code, Land Use Article, the governing body of a local government is authorized to exercise zoning authority. Zoning code revisions are currently underway for the residential districts and the code as finalized during the rezoning and mapping of this application may be significantly altered from the current version. Maryland is a late vesting state and the Board Carroll County Commissioners, Department of Planning or Bureau of Development Review and the Carroll County Planning and Zoning Commission are not required to apply the old zoning code. Vesting must pass a 2-part test: Complete development review process and the manifestation of the physical commencement of work at the site.

I hereby have read and acknowledge the above: _____

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/Address1: _____

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Acct ID/Address 2: _____

Acct ID/Address3: _____

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

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.