CARROLL COUNTY PLANNING AND ZONING COMMISSION

APPLICATION FOR THE CREATION OF DETACHED ACCESSORY DWELLING LOT

Please complete this form in its entirety and attach all other applicable information. An amended subdivision plat must be filed when the creation of a new lot containing an accessory dwelling is from a lot as shown on a previously recorded subdivision. Prior to Development Review Division approval, the lots must meet all Maryland Department of Health and Mental Hygiene and Maryland Department of Environment Regulations.

A. Current Property Tax Map Reference**:** Map: _____ Block: _____ Parcel: _____

B. Current Property Owner: _____

Address: _____

Phone: _____

C. Current Title Deed Reference: _____
(provide copy of deed)

D. Property Owner(s) on April 23, 1963: _____

E. April 23, 1963 Title Deed Reference: _____
(provide copy of deed)

F. List All Divisions Created from the Property Since April 23, 1963:

1. Date of Deed: _____ Deed Reference: _____ Code: _____

Tax Map/Block/Parcel: _____ / _____ / _____

Grantor: _____

Grantee: _____

2. Date of Deed: _____ Deed Reference: _____ Code: _____

Tax Map/Block/Parcel: _____ / _____ / _____

Grantor: _____

Grantee: _____

3. Subdivision Name: _____ Plat Book Reference: _____

Tax Map/Block/Parcel: _____ / _____ / _____

Date Recorded: _____

USE ADDITIONAL SHEET IF NECESSARY

G. Location:

1. Road: _____ 2. Election District: _____

H. Details of Lot to be Created for Which Approval is Desired:

	Zoning	Width at Midpoint	Size (acreage)
Detached Accessory Dwelling lot	_____	_____	_____
Remainder	_____	_____	_____

I. Attorney's Certification:

I accept full responsibility for and certify that the information provided herein is true and correct. I further understand that the said information provided herein, together with any applicable provision of State and County law, constitutes the basis upon which the Development Review Division may approve the proposed accessory dwelling lot.

Attorney: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

OFFICIAL USE ONLY

ZONING: _____ MAP NO.: _____ WATER: _____ SEWER: _____

AERIAL: _____ MIN. LOT AREA: _____ MIN. LOT WIDTH: _____

HEALTH DEPARTMENT APPROVAL: _____

OTHER: _____

This office approves the transfer by metes and bounds description of the lot detailed above for the purpose(s) stated herein, subject to the Carroll County Zoning Ordinance.

☐ 1. This approval is contingent upon receipt by this office of a copy of the deed conveying all property of the owner between the center and thirty feet from the center line of _____ to the governmental entity which maintains the road for the full extent of the frontage of the accessory dwelling lot.

☐ 2. _____

_____

_____

Please mark your records accordingly in that any further subdivision may require preparation of a preliminary subdivision plan and approval of same by the Carroll County Planning and Zoning Commission pursuant to the Subdivision Regulations of Carroll County.

Approved by: _____
Development Review Division Date