



# ZONING CERTIFICATE APPLICATION

Zoning Administration Office  
225 N. Center Street - Room 111  
Westminster, MD 21157  
410-386-2980 TDY 410-848-3017

NO.

▶ Marked areas to be filled in by applicant

LOCATION INFORMATION					\$25.00 FEE PAYABLE TO CARROLL COUNTY COMMISSIONERS		
ADDRESS OF PROPERTY					ST. ROAD	CO. ROAD	PRIV. ROAD
SUBDIVISION NAME		LOT NO.	SEC. NO	PLAT	TAX MAP	GRID/BLOCK	PARCEL NO.
ACCOUNT NO.		TRANSFERRED Y OR N			ELECT DIST	LIBER/FOLIO	ACREAGE/LOT SIZE
OWNER/APPLICANT INFORMATION							
PROPERTY OWNER(S) AS RECORDED IN LAND RECORDS					TELEPHONE	EMAIL	
PROPERTY OWNER(S) ADDRESS					STATE	CITY	ZIP CODE
APPLICANT(S) NAME(S) (IF NOT SAME AS PROPERTY OWNER)					TELEPHONE	EMAIL	
APPLICANT(S) ADDRESS (IF NOT SAME AS PROPERTY OWNER)					STATE	CITY	ZIP CODE
USE DESCRIPTION INFORMATION							
DESCRIPTION/USE							
BUILDING PERMIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO					RECEIPT NO.	FEE	
CAUTION: I/We have carefully examined and read this application and know the same is true and correct. I/We are aware as Applicant, it is My/Our RESPONSIBILITY to apply for and receive all necessary permits and inspections for this project. I/We understand it is My/Our RESPONSIBILITY to comply with all the provisions of Carroll and the State.							
APPLICANT(S) SIGNATURE					DATE		
ZONING DISTRICT	ZONING ORDINANCE	BZA NO.	ZA NO.		<input type="checkbox"/> APPROVED or <input type="checkbox"/> DENIED		
					DATE		

SPECIAL CONDITIONS:

APPROVALS:

				ZONING	DATE
				PAYMENT OF FEES	DATE
				OTHER	DATE

A Zoning Certificate shall become void after the date of the expiration listed above.

October 9, 2025



TEMPORARY ZONING CERTIFICATE AFFIDAVIT

PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_

▶ USE \_\_\_\_\_

▶ I (we) hereby certify that I (we) own the property located at:

and that the applicant,

(Applicant's name)

has my (our) permission to apply for a temporary zoning certificate for the use on the above-described property.

I (we), owner(s) of the property upon which the described use is to take place, hereby authorize the Carroll County Zoning Administration Office, its officers and employees, to enter upon the premises for the purpose of inspecting the use applied for in this application.

▶ \_\_\_\_\_

Corporate Name of Owner  
(if applicable)

Corporation Address

▶ \_\_\_\_\_

Witness Signature  
(3<sup>rd</sup> Party)

Officer's Signature and Position

\* \* \* \* \*

I certify that I have contracted to be responsible for the use on the property described herein and consent to having my **name listed on the temporary zoning certificate as the Tenant.**

▶ Tenant's Signature

▶ Witness Signature  
(3<sup>rd</sup> Party)

▶ Trading as (company name)

Address