



TEMPORARY ZONING CERTIFICATE APPLICATION

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

NO.	TZC-
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▶ Marked areas to be filled in by applicant

**\$25.00 FEE PAYABLE TO:
CARROLL COUNTY
COMMISSIONERS**

LOCATION INFORMATION

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/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
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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 ▶
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FOR OFFICE USE ONLY

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

A Temporary Zoning Certificate shall be revocable, subject to continued compliance with all requirements and conditions. A Temporary Zoning Certificate shall become void after the date of the expiration listed above.



TEMPORARY ZONING CERTIFICATE AFFIDAVIT

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DATE
▶

DESCRIPTION/USE
▶

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

ADDRESS OF PROPERTY
▶

and that the applicant/tenant,

APPLICANT(S)/TENANT(S) NAME(S)
▶

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.

PROPERTY OWNER(S) SIGNATURE
▶

CORPORATE NAME OF OWNER (IF APPLICABLE)	CORPORATION ADDRESS (IF APPLICABLE)
▶	▶

WITNESS SIGNATURE (3RD PARTY)
▶

APPLICANT/TENANT USE ONLY

I certify that I am responsible for the use on the property described herein and consent to having my name listed on the Temporary Zoning Certificate as the Applicant/Tenant.

APPLICANT/TENANT SIGNATURE
▶

TRADING AS (COMPANY NAME)
▶

WITNESS SIGNATURE (3 rd PARTY)
▶