



ZONING CERTIFICATE APPLICATION

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

NO.	
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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 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 ▶
PROPERTY OWNER(S) ADDRESS ▶		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 ▶
APPLICANT(S) ADDRESS (IF NOT SAME AS PROPERTY OWNER) ▶		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
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.



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 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 Office of Zoning Administration of Carroll County, 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
(3rd 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 zoning certificate as the Tenant**.

▶ _____
Tenant's Signature

▶ _____

▶ _____
Witness Signature
(3rd Party)

▶ _____
Trading as (company name)

Address