File No._____ **Amount of Fee Paid: $**_____ **Date:**_____
Fee Paid by:_____

APPLICATION FOR ZONING CERTIFICATE
CHESAPEAKE CITY PLANNING & ZONING COMMISSION

The application must be filed ten [10] days before to be placed on that meetings' agenda.
The Planning Commission regularly meets on the first Wednesday of the month.

Property Owner or Agent (printed) _____
NOTE: Agent shall provide a letter from the owner authorizing that they may act on his behalf.

Address: Street _____ Town _____ State: _____ ZIP _____

Phone: [D] _____ [C] _____ FAX _____ email _____

Property Address _____ City: _____ State : _____ ZIP _____

Developer or Contractor: _____ Co. Rep. _____

Address: Street _____ City _____ St. ___ ZIP _____

Phone: _____ [C] _____ FAX _____ email _____

Tax Map: _____ Grid: _____ Parcel: _____ Lot: _____ Zoned: _____

Contractor MD License # _____ Expires _____ Insurance _____

*** ATTACH A COPY OF CONTRACTOR'S LICENSE AND WC INSURANCE**

Type of Permit being applied for
[Circle one or more for all work to be conducted]

Addition Building Change of Use Demolition Fence/Wall Grading Maintenance Renovation Sign

Sub-division (Appendix A attached) Zoning Change (Explain reason for change) From _____ To _____

Square Footage: _____ Calculated at .15 per square foot for Residential and .25 per square foot for Commercial

Critical Area: NO: _____ Yes: _____ Designation: _____
10% _____

Flood Plain: NO: _____ Yes: _____ Zone _____

Trees to be Removed: NO: _____ Yes: _____ Number to be removed: _____

(Demolition Only) Has Water / Sewer Connection been Capped? YES: _____ Date: _____

Scope of Work: _____

_____

Special Requirements:

1. Building, renovation and addition require 10 sets of blueprints or acceptable drawings and property plat. An architectural seal is required for all commercial drawings.
2. Property plat is required for grading and demolition.
3. Grading application must have permit from the Cecil County Soil Conservation Service and acceptable storm water management plan.
4. Sub-division application must have Appendix A attachments as required by the step process.

APPROVAL

The following conditions may apply to project.

1. Approval and Issuance of Zoning Certificate/Building Permit by the Town of Chesapeake City and Cecil County Building, Plumbing, Electrical must be obtained and conspicuously posted.
2. Approval and issuance of permits by the Maryland and Cecil County Health Departments.
3. Approval by the Chesapeake City Historic Commission (if needed) Date: _____
4. Approval by the Chesapeake City Critical Area Program Commission. - *When Applicable*
5. Complete compliance with the Zoning Ordinance of the Town of Chesapeake City, the rules, regulations and conditions of the permit issuance as contained herein.

Approvals of this application is for the use on the property specified in this application as identified by the applicant, owner or agent for the use, and location with the minimum requirements and specifications of the Zoning Ordinance of the Town of Chesapeake City, Maryland, adopted 4-1-2004. It is the responsibility of the applicant, owner or agent to comply with the requirements of the Zoning Ordinance and any special conditions contained herein.

Penalties for violations are indicated in Article VII of the Ordinance:
This Application MUST be completed in full or it will be returned and not acted upon.
Any decision in this permit process may be appealed in writing within twenty (20) days to the Board of Zoning Appeals at P O Box 205, Chesapeake City, MD -21915.

I understand the information and contents stated hereon.

_____ _____

Signature of owner or agent: Date

Water and Sewer Allocations Approved by: _____

W/S Committee and/or Town Council Date

SPECIAL CONDITIONS:

This application is *APPROVED - DISAPPROVED* on this date _____
By _____ Title _____ Fees _____

4/10/12 last updated mjk.