



Town of Chesapeake City

108 Bohemia Ave.
Chesapeake City, MD 21915
(P) 410-885-5298
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www.chesapeakecity-md.gov

Application for Zoning Certificate

File Number:
Date Received:
Received by:
Fee (Application + Sq. Ft):
Paid By (Cash, Check):

PROPERTY OWNER INFORMATION

NAME:
MAILING ADDRESS:
CITY/ST/ZIP:
PHONE:
EMAIL:
PROPERTY ADDRESS:
(If different than above)

TYPE OF PROJECT

(CHECK ALL THAT APPLY)

- Primary Structure, Addition, Accessory Structure, Grading, Sign, Renovation, Fence/Wall, Maintenance, Swimming Pool, Roof, Siding, Subdivision, Windows, Other, Re-Zoning, Change of Use, Tree Removal, Demolition

* For Roof Replacement please include disposal/safety plan (to protect public areas)

ESTIMATED TOTAL PROJECT COSTS

Estimated Total Project Cost:
(Please attach a written agreement w/contractor or good faith estimate if work to be completed by Owner)

CONTRACTOR/AGENT INFORMATION

COMPANY:
REPRESENTATIVE:
PHONE:
EMAIL:
MD LICENSE#:
INSURANCE:

Attach copy of Contractor's License and Workers Comp. Insurance

SCOPE OF WORK

Please provide a detailed, written explanation of work to be completed. If additional space is needed, please attach. Include exterior materials to be utilized. Samples may be required.

[Blank lines for Scope of Work description]

New Square Footage:
(Fee Calculated at \$.15 per square foot for Residential and \$.25 per square foot for Commercial)

SUBMITTAL REQUIREMENTS

(THE FOLLOWING CONDITIONS APPLY)

- All applications MUST include a plot plan/sketch...
All applications shall be accompanied by a written agreement...
If a Contractor/Agent is applying, please attach a letter from the property owner...
Building, renovation, and addition permits require 10 sets of blueprints...
See Zoning Administrator for Subdivision submission requirements.
Town Building Permits shall expire in 180 days...
Any deviation from the project plans (location, materials, etc.) as approved by the Town shall not be permitted...

This is not a Building Permit. Town Building Permit will only be issued upon approval of this application and the issuance of a Building Permit from Cecil County (if required).

Applicant Signature:

Date:

*******STAFF USE ONLY*******

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

- | | |
|---|--|
| <input type="checkbox"/> Residential Project | <input type="checkbox"/> Water Allocation(s) Required? YES NO |
| <input type="checkbox"/> Commercial Project | <input type="checkbox"/> Plot Plan/Sketch Attached |
| <input type="checkbox"/> Critical Area Designation: _____ Buffer: YES NO | <input type="checkbox"/> Contractors License/Workers Comp Info Attached |
| <input type="checkbox"/> Critical Area Commission Approval (if required) | <input type="checkbox"/> Authorization Letter From Owner (if applicable) |
| <input type="checkbox"/> 10% Guidance Rule Addressed | <input type="checkbox"/> Change of Use/Re-Zoning Explanation Attached |
| <input type="checkbox"/> Floodplain Zone: _____ If yes, Panel #: _____ | <input type="checkbox"/> Estimated Project Cost Attached |
| <input type="checkbox"/> Site Plan Attached (If required) | <input type="checkbox"/> County Building Permit Required? YES NO |
| <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 | <input type="checkbox"/> Historic District App. Submitted (If required) |

HISTORIC DISTRICT COMMISSION

DATE OF REVIEW: _____

CONDITIONS: (IF APPROVED W/ CONDITIONS)

ACTION:

- APPROVED DENIED
- APPROVED WITH CONDITIONS

PLANNING COMMISSION

DATE OF REVIEW: _____

CONDITIONS: (IF APPROVED W/ CONDITIONS)

ACTION:

- APPROVED DENIED
- APPROVED WITH CONDITIONS

This application is APPROVED DENIED on this date _____ by

Signature _____ Printed Name: _____

Planning Commission Chair / Zoning Administrator