



Town of Chesapeake City

108 Bohemia Ave.
Chesapeake City, MD 21915
(P) 410-885-5298
(F) 410-885-2515
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/Deck, Maintenance, Swimming Pool, Roof, Siding, Subdivision, Windows, Other, W/S Service Change, Tree Removal, Demolition: W/S Capped?, Rezoning From To, Change of Use

* 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 site plan/sketch...
All applications shall be accompanied by a written agreement...
If a Contractor/Agent is applying, please attach a letter...
Building, renovation, and addition permits require 1 set...
See Zoning Administrator for Subdivision submission requirements.
Town Building Permits shall expire in 180 days...
Any deviation from the project plans...

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: _____

- Residential Project
- Commercial Project
- Critical Area Designation: _____ Buffer: **YES** **NO**
- Critical Area Commission Approval (if required)
- 10% Guidance Rule Addressed
- Floodplain Zone: _____ If yes, Panel #: _____
- Site Plan Attached (If required)
- Category 1 Category 2 Category 3
- Plot Plan/Sketch Attached
- Change of Use/Re-Zoning Explanation Attached
- Parking Required
- Water Allocation Review Required
- Contractors License/Workers Comp Info Attached
- Authorization Letter From Owner (if applicable)
- Estimated Project Cost Attached
- County Building Permit Required
- 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

CONDITIONS: (IF APPROVED W/ CONDITIONS)

ACTION:

- APPROVED WITH CONDITIONS

This application is APPROVED DENIED on this date _____ by

Signature _____ Printed Name: _____

Planning Commission Chair / Zoning Administrator