



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)

CONTRACTOR/AGENT INFORMATION

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

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

TYPE OF PROJECT (CHECK ALL THAT APPLY)

LEVEL 1 PERMIT

LEVEL 2 PERMIT

- Fence/Wall
Siding/Windows
Roof Replacement
Steps/Stairs
Solar Panels
Sign
W/S Service Change
Demolition:
W/S Capped? Yes No
Addition (primary or accessory)
New Structure/Building
Accessory Structure
Renovation
Pool
Deck/Porch
Paver Patio/Driveway
Parking Lot
Change of Use

- Subdivision/Consolidation
Rezoning From to

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)

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. For Roof Replacement please include disposal plan.

[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 {must show: all property lines, all existing improvements (structures, driveways, patios, decks, etc.), the location of the proposed project, and setbacks (from property lines) of the proposed project} of work to be completed. Also, if applicable, a Historic District Application and approval may be required.
All applications shall be accompanied by a written agreement signed by the owner of the premises and the contractor/builder, setting forth the labor and materials to be furnished and the costs thereof. If no such agreement exists or if the owner is not utilizing the services of a contractor, a good faith estimate of the cost of materials and labor shall be submitted. All projects exceeding \$10,000 or in the Historic District shall be referred to the Historic District Commission/Planning Commission for review.
If a Contractor/Agent is applying, please attach a letter from the property owner giving authorization to act on his/her behalf.
Building, renovation, and addition permits require 1 set of full-size Plan View and Elevations Drawings, plus a digital file if larger than 11x17.
See Zoning Administrator for Subdivision submission requirements.
Town Zoning Permits shall expire after 1 year of issuance in the event that no work has commenced. Extensions may be requested in writing.
Any deviation from the project plans (location, materials, etc.) as approved by the Town shall not be permitted and may result in a Stop Work Order and fines. Please contact Town Hall immediately if the project must be modified or altered in any way.

This is not a Zoning Permit. Town Zoning 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)

WATER/SEWER DEPARTMENT

DATE OF REVIEW: _____

ACTION: _____

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