

APPLICATION NO:	_____		
DATE FILED:	_____		
HEARING DATE:	_____		
APP FEE:	_____	TRN NO:	_____
ADV FEE:	_____	TRN NO:	_____

APPLICATION FOR VARIANCE

I. APPLICANT/OWNER INFORMATION:

A. Applicant: _____
Address: _____

Phone: _____ Email: _____

B. Owner: _____
Address: _____

Phone: _____ Email: _____

C. Attorney/Authorized Agent: _____
Address: _____

Phone: _____

II. PARCEL INFORMATION:

Premise Address: _____
Nearest Town/Village: _____

Tax Map: _____	Elect District: _____	REQUIRED SETBACKS:
Grid: _____	Account ID: _____	Front: _____ min
Parcel: _____	Acreage: _____	Rear: _____ min
Lot: _____	Zoning: _____	Sides: _____ min

CRITICAL AREAS:

- None
- LDA
- RCA

PDA:

- Yes
- No

SENSITIVE AREAS:

- Perennial Stream
- Intermittent Stream
- Steep Slopes

AG PRES DIST/EASEMENT:

- Yes
- No

FLOODPLAIN:

- None
- F-1 F-2 F-3
- Panel No: _____

FCA EASEMENT ON SITE:

- Yes
- No

III. REASON FOR REQUEST (SECTION _____):

- Yard, Area or Setback Requirement
- Size or Height of Signs
- Height, Area or Bulk of Structures
- Structures and Construction within the Floodplain Zoning Districts
- Critical Area Buffer or Lot Coverage

Explain why the proposed project **CANNOT** meet the minimum requirements:

Type and size of structure requiring variance:

Distance structure requiring variance will be/is from the property lines:

Front _____ Rear _____ Side (L) _____ Side (R) _____

IV. ATTACHMENTS (WHEN APPLICABLE):

- | | |
|--|-------------------|
| <input type="checkbox"/> Health Department Approval | Date Rec'd: _____ |
| <input type="checkbox"/> Professional Location Survey | Date Rec'd: _____ |
| <input type="checkbox"/> Entrance Approval (SHA/DPW) | Date Rec'd: _____ |
| <input type="checkbox"/> Critical Area Commission Approval | Date Rec'd: _____ |
| <input type="checkbox"/> Other | Date Rec'd: _____ |

V. FEE(S)

A **\$250.00** (non-critical area) or **\$500.00** (critical area) **application fee** shall be paid at the time of the filing for the Variance and must accompany this application. All **advertising costs** associated with this application will be **invoiced separately** and are due prior to the scheduled hearing date. No fees shall be refunded if a Variance application is withdrawn after the publication of the first public hearing notice or if the application is denied. A refund may be requested, less a **\$50.00 administrative processing fee**, prior to the first public hearing notice.

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I/we hereby apply to the Caroline County Board of Zoning Appeals for a Variance in accordance with the Caroline County Zoning Ordinance and certify to the best of my/our knowledge that the information listed above is correct.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____