

**STANDARD APPLICATION**  
**City of Havre de Grace**  
**Planning Commission/Board of Appeals**  
**Havre de Grace, Maryland 21078**

Permit No. \_\_\_\_\_  
Date Filed \_\_\_\_\_  
Hearing Date \_\_\_\_\_  
Receipt \_\_\_\_\_  
Fee \_\_\_\_\_  
Type \_\_\_\_\_

**Information to be submitted with Application**

1. A plot plan drawn to scale indicating all pertinent data.
2. All applicable checklists.
3. A list of all adjoining property owners with mailing addresses.
4. Names and addresses of all persons having legal or equitable interest in the property.
5. All required supporting documentation or additional studies as may be required; including traffic and environmental studies, etc.

Nature of Request and Section(s) of Code

**NOTE:**

All applicants **MUST** schedule a pre-application meeting with the Department of Planning prior to filing any application to the Board of Appeals.

To schedule please call 410-939-1800.



**Owner /Applicant (please print or type)**

Property Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Contract Purchaser \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Attorney/Representative \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

EMAIL Address \_\_\_\_\_

**Land Description**

Address and Location of Property \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_

Acreage/Lot Size \_\_\_\_\_ Zoning \_\_\_\_\_ Tax ID # \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Grid No. \_\_\_\_\_ Parcel \_\_\_\_\_

List ALL structures on property and current use: \_\_\_\_\_

Estimated time required to present case: \_\_\_\_\_

Would approval of this petition violate the covenants and restrictions for your property, if any? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this property located within the County's Chesapeake Bay Critical Area? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this property located within a Special Flood Hazard Zone? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the Critical Area Land Use designations: \_\_\_\_\_

Is this request the result of a zoning enforcement investigation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Justification**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I/We agree to provide additional information as requested by the Department of Planning, Planning Commission or the Board of Appeals.

I/We do hereby declare that no officer or employee of the City of Havre de Grace, whether elected or appointed, has received prior hereto or will receive subsequent hereto any monetary or material consideration, any service or thing of value, directly or indirectly, upon more favorable terms than those granted to the public generally in connection with the submission, processing, issuance, grant or aware of the within application or petition.

I/We do solemnly declare and affirm under the penalties of perjury that this petition contains names and addresses of all persons having legal or equitable interest in the property, including shareholders owning more than five percent (5%) of the stock in a corporation having any interest in the property, except those corporations listed and traded on a recognized stock exchange.

I/We do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing affidavit are true and correct to the best of my/our knowledge, information and belief.

I/We agree, upon final action, to comply with all requirements or conditions imposed by the Planning Commission and/or Board of Appeals.

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Attorney/Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Director of Planning*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Planning Staff*

\_\_\_\_\_  
*Date*