



# ZONING CERTIFICATE APPLICATION

Office of Zoning Administration  
225 N. Center Street - Room 111  
Westminster, MD 21157  
410-386-2980 TDY 410-848-3017

NO.	
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▶ Marked areas to be filled in by applicant

**\$25.00 FEE PAYABLE TO CARROLL COUNTY COMMISSIONERS**

LOCATION INFORMATION				ST. ROAD	CO. ROAD	PRIV. ROAD
ADDRESS OF PROPERTY ▶						
SUBDIVISION NAME	LOT NO.	SEC. NO.	PLAT	TAX MAP ▶	GRID/BLOCK ▶	PARCEL NO. ▶
ACCOUNT NO. ▶		TRANSFERRED Y OR N		ELECT DIST ▶	LIBER/FOLIO	ACREAGE/LOT SIZE

### OWNER/APPLICANT INFORMATION

PROPERTY OWNER(S) AS RECORDED IN LAND RECORDS ▶	TELEPHONE NUMBER ▶
PROPERTY OWNER(S) ADDRESS ▶	STATE CITY ZIP CODE ▶ ▶ ▶
APPLICANT(S) NAME(S) (IF NOT SAME AS PROPERTY OWNER) ▶	TELEPHONE NUMBER ▶
APPLICANT(S) ADDRESS (IF NOT SAME AS PROPERTY OWNER) ▶	STATE CITY ZIP CODE ▶ ▶ ▶

### USE DESCRIPTION INFORMATION

DESCRIPTION/USE ▶
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BUILDING PERMIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	RECEIPT NO.	FEE
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**CAUTION:** I/We have carefully examined and read this application and know the same is true and correct. I/We are aware as Applicant, it is My/Our RESPONSIBILITY to apply for and receive all necessary permits and inspections for this project. I/We understand it is My/Our RESPONSIBILITY to comply with all the provisions of Carroll and the State.

▶	▶
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### APPLICANTS SIGNATURE

### DATE

ZONING DISTRICT	ZONING ORDINANCE	BZA NO.	ZA NO.	<input type="checkbox"/> APPROVED OR <input type="checkbox"/> DENIED
				DATE

SPECIAL CONDITIONS:

APPROVALS:

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ZONING	DATE
PAYMENT OF FEES	DATE
OTHER	DATE

A Zoning Certificate shall become void one (1) year after the date of issuance if the construction or use for which the certificate was issued has not been started.

July 14, 2017



ZONING CERTIFICATE AFFIDAVIT

PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_

▶ USE \_\_\_\_\_

▶ I (we) hereby certify that I (we) own the property located at:

and that the applicant,

(Applicant's name)

has my (our) permission to apply for a zoning certificate for the use on the above described property.

I (we), owner(s) of the property upon which the described use is to take place, hereby authorize the Office of Zoning Administration of Carroll County, its officers and employees, to enter upon the premises for the purpose of inspecting the use applied for in this application.

▶ \_\_\_\_\_

Property Owner's Signature

\_\_\_\_\_  
Corporate Name of Owner  
(if applicable)

\_\_\_\_\_  
Corporation Address

▶ \_\_\_\_\_  
Witness Signature  
(3<sup>rd</sup> Party)

\_\_\_\_\_  
Officer's Signature and Position

\* \* \* \* \*

I certify that I have contracted to be responsible for the use on the property described herein and consent to having my **name listed on the zoning certificate as the Tenant**.

▶ \_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
\_\_\_\_\_  
Trading as (company name)

▶ \_\_\_\_\_  
Witness Signature  
(3<sup>rd</sup> Party)

\_\_\_\_\_  
Address