

**TOWN OF NEW WINDSOR
BOARD OF ZONING APPEALS
HEARING APPLICATION**

Check one:

- A** **Appeal of Decision or Determination**
- B** **Conditional Use**
- C** **Variance**
- D** **Other (Describe)**

**(PLEASE PRINT OR TYPE)
Supply Information applicable to this Request**

Applicant: _____

Address: _____

Phone No: _____

Address of Property: _____

**Owner(s) of Property
If other than applicant:** _____

Address: _____

**If not Owner, Legal
Interest in Property:** _____

Attorney: _____ **Phone No.** _____

Address: _____

Property Acct. No. _____ **Election District:** _____ **Tax Map:** _____ **Block/Grid:** _____

Parcel: _____ **Plat Book:** _____ **Page:** _____ **Liber:** _____ **Folio:** _____

(Check one) Side(s) of the Road Road Name:
 North **East** **West** **South** **of:** _____

About (distance): _____ **North** **East** **West** **South** **of:**

Road Name: _____

Zoning Map: _____ Zoning District: _____ Acreage of Lot: _____

Public Facilities: Sewer Water Private Facilities: Septic Water

EXPLAIN REQUEST: *(Select Most Appropriate Type of Format Below)*

VARIANCE REQUEST (Description) and why it should be allowed:

Basis: Code of Public Local Laws and Ordinances, Chapter/s: _____

CONDITIONAL USE for:

Basis: Code of Public Local Laws and Ordinances, Chapter/s: _____

VARIANCE (The Purpose of the request and the amount of variance needed, i.e., the difference between what the law requires and what exists, or will exist on the property).

Basis: Code of Public Local Laws and Ordinances, Chapter/s: _____

EXPANSION OF NON-CONFORMING USE (Including what will be submitted to prove the length of time of the non-conformity, the current use and the proposed use).

Basis: Code of Public Local Laws and Ordinances, Chapter/s: _____

OTHER (DESCRIBE)

Basis: Code of Public Local Laws and Ordinances, Chapter/s: _____

Application for Hearing Filing Fee

There is a deposit of \$500.00 due at the time of the application, however; the applicant will assume the actual cost of the hearing. Actual costs may include but are not limited to newspaper advertising, property posting, drafting and/or mailing letters to the interested parties and convening the special Board meeting whose members receive a small compensation for their time.

The Town Office will contact you to set up the hearing date and time.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE PREPARED AND EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

_____ DATE	_____ APPLICANT
_____ DATE	_____ ATTORNEY
_____ DATE	_____ PARTNERSHIP, FIRM OR CORP.
_____ DATE	_____ OFFICE AND TITLE
_____ DATE	_____ OWNER OF PROPERTY (If different from Applicant hereby Authorizing the application)

**APPLICATION FOR HEARING
CERTIFIED LIST OF CONTIGUOUS PROPERTY OWNERS AND ADDRESSES**

The Applicant is responsible for the provision and certification of a list of all contiguous (adjoining) property owners and their mailing addresses including Tax Map, Block, and parcel numbers, and any owners of property situated on the opposite side of any street or road from the property involved in this application, or order that notification of the public hearing can be forwarded to the owners by First Class Mail. (Code of Public Local Laws, Chapter 223-189) Attach additional sheets if necessary. **This information can be obtained from the State Department of Assessments and Taxation located at 17 East Main Street, 2nd floor, Westminster, Maryland, Monday through Friday 8:00A.M. to 5:00 P.M.**

PLEASE PRINT OR TYPE

Name: _____
Address: _____
City/State/Zip _____
Tax Map ___ Block ___ Parcel ___

Name _____
Address _____
City/State/Zip _____
Tax Map ___ Block ___ Parcel ___

Name: _____
Address: _____
City/State/Zip _____
Tax Map ___ Block ___ Parcel ___

Name _____
Address _____
City/State/Zip _____
Tax Map ___ Block ___ Parcel ___

Name: _____
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Name: _____
Address: _____
City/State/Zip _____
Tax Map ___ Block ___ Parcel ___

Name _____
Address _____
City/State/Zip _____
Tax Map ___ Block ___ Parcel ___