

FOR OFFICE USE ONLY	
PCBA CASE # _____	
Deposit Fee Paid	
Amount _____	Date _____
Hearing Fee Paid	
Amount _____	Date _____



DATE RECEIVED

Department of Building, Planning, Zoning & Code Enforcement

REQUEST FOR VARIANCE

Applicant(s): _____
(Applicant must have a financial, contractual, or proprietary interest in the property)

Applicant is the: Property Owner Legal Tenant

Location of Subject Property: _____ Town Zoning District _____

The current occupancy, or last known occupancy of the property is similar to a:

<input type="checkbox"/> Residential Use	<input type="checkbox"/> Commercial Use
<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Vacant/undeveloped

Described the occupancy above in more detail: _____

LOCATION INFORMATION:

(The following information can be found at the Maryland Department of Assessment Website <http://sdat.dat.maryland.gov/RealProperty/Pages/default.aspx>)

District – 06 Account Number: _____ Map: _____ Grid: _____ Parcel: _____
 Subdivision: _____ Lot #: _____ Plant No: _____ Plat Ref: _____ Property Area: _____
(sq ft, or acres)
 Deed Reference: _____

BUILDING INFORMATION: Building Occupancy Sqft: _____ Number of stories _____
(Building Owner should be contacted for this information)

VARIANCE DETAILS:

Description of what applicant would like to accomplish: _____

Applicant is seeking any and all variances required to secure the approvals to accomplish the above upon the subject property, such variance(s) to include but not be limited to:

_____ Code Section _____ Code Section _____ Code Section _____ Code Section

CONTACT INFORMATION:

Applicants Print Name _____ Owner Print Name _____
Mailing Address _____ Mailing Address _____
City, State, Zip _____ City, State, Zip _____
Work Phone _____ Work Phone _____
Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____ Email _____
Address _____ Email Address _____

OWNER AUTHORIZATION:

I hereby certify that I am the owner of record of the named property and hereby authorized the submittal of this application for the above requested occupancy. I hereby attest to the information on this application to be accurate and true to the best of my ability. In support of this application, I understand that the proposed occupancy will be required to comply with all applicable Town Zoning, Planning, Building, Fire and Life Safety Codes. I further certify that the code official or the code official's authorized representative shall have the authority to enter upon the property at any reasonable hour to inspect and gather documentation related to this application and for the purposes of processing this application.

Owner Signature Printed Name Date

APPLICANT ACCEPTANCE OF TERMS AND CONDITIONS:

I hereby certify that as the applicant for this variance request, that I have financial, contractual, or proprietary interest in this property and that I have been authorized by the owner to make this application and hereby attest to the information on this application to be accurate and true to the best of my ability. I further understand and accept that the proposed occupancy will be required to comply with all applicable Town Zoning, Planning, Building, Fire and Life Safety Codes; and that granting of any variance from the Planning Commission and or Board of Zoning Appeals does not ensure approved occupancy until the occupancy complies with all Zoning Codes, Building, Fire and Life Safety Codes.

Owner Signature Printed Name Date

BELOW FOR OFFICE USE ONLY:

Application reviewed for completeness and all required signatures by the Town of Rising Sun

Staff Member Date