

ADMINISTRATIVE HEARING APPLICATION

Kent County Department of Planning, Housing, and Zoning

Kent County Government Center
400 High Street • Chestertown, MD 21620
410-778-7475 (phone) • 410-810-2932 (fax)

**IN THE MATTER OF THE APPLICATION OF:
(Name, Address and Telephone Number of Applicant)**

Email: _____

For Office Use Only:

Case Number: _____
Date Filed: _____
Filed by: _____
Applicant: _____
Date of Hearing: _____
Parties Notified: _____
Notice in Paper: _____
Property Posted: _____

Please provide the email of the one person who will be responsible for responding to comments. Only this person will be contacted by staff and will be the person responsible for forwarding the comments or requests for additional information to any other interested parties. EMAIL: _____

TO THE DEPARTMENT OF PLANNING, HOUSING AND ZONING: In accordance with Article _____
Section _____ of the Kent County Land Use Ordinance, as amended, request is hereby made for an

Administrative Hearing for:

_____ Variance _____ Special Exception _____ Determination of Nonconforming Use

DESCRIPTION OF PROPERTY INVOLVED:

Located on: (Name of Road, etc.) _____

In the _____ Election District of Kent County.

Size of lot or parcel of Land: _____

Map: _____ Parcel: _____ Lot #: _____ Deed Ref: _____

List buildings already on property: _____

Subdivision name and address, if applicable: _____

PRESENT ZONING OF PROPERTY: _____

DESCRIPTION OF RELIEF REQUESTED: (List here in detail what you wish to do with property that requires the Appeal Hearing.) _____

Present owner of property: _____ **Telephone:** _____

If Applicant is not owner, please indicate your interest in this property: _____

Has property involved ever been subject to a previous application? _____

If so, please give Application Number and Date: _____

PLEASE FILL IN BELOW, OR ATTACH HERETO, A SKETCH OF THIS PROPERTY.

List all property measurements and dimensions of any buildings already on the property.

Put distances between present buildings or proposed buildings and property lines.

NAMES OF ADJOINING PROPERTY OWNERS:

Owner(s) on the North: _____

Owner(s) on the South: _____

Owner(s) to the East: _____

Owner(s) to the West: _____

Homeowners Association, name and address, if applicable: _____

BY SIGNING THIS APPLICATION, I GRANT THE DEPARTMENT OF PLANNING, HOUSING AND ZONING THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF VIEWING THE SITE OF THE APPLICATION.

Signature of Owner/Applicant/Agent or Attorney

Date

Please file this form at 400 High Street, Chestertown, MD 21620 accompanied by **\$200.00** filing fee made payable to the County Commissioners of Kent County. If you have any questions, contact the Kent County Department of Planning, Housing and Zoning.

NOTICE: The Department of Planning, Housing and Zoning is not required to make out this application. Application should be filled in by Applicant or its agent. If the Planning Department assists you, they cannot be held responsible for its contents.

Applicants arriving more than 10 minutes after the scheduled hearing will not be heard and will be re-scheduled at the applicant's expense.