

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

FOR OFFICE USE ONLY CASE NO.: _____

Date Filed: _____
Filed by: _____
Applicant _____
Planning Commission: _____
Date of Hearing: _____
Parties Notified: _____
Notice in Paper: _____

TO THE KENT COUNTY BOARD OF APPEALS: In accordance with Article _____ Section _____ of the Kent County Land Use Ordinance, as amended, request is hereby made for:

Appealing Decision of Kent County Zoning Administrator _____ Variance _____
Special Exception _____ 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 # _____

List buildings already of 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.)

If appealing decision of Zoning Administrator, list date of decision here: _____

Present owner of property: _____ Telephone: _____

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

Has property involved ever been subject of 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:

(These must be listed or the application cannot be processed.)

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 MEMBERS AND ALTERNATES OF THE BOARD OF ZONING APPEALS AND THE DEPARTMENT OF PLANNING AND ZONING THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF VIEWING THE SITE OF THE APPLICATION OR APPEAL.

Signature of Owner/Applicant or Agent or Attorney

Date

Please file this form with Anna M. Riggin, Clerk, 400 High Street, Chestertown, MD 21620 accompanied by **\$350.00** filing fee made payable to the Department of Planning and Zoning. If you have any questions, contact the Kent County Department of Planning and Zoning.

NOTICE: The Department of Planning and Zoning is not required to make out this Application. Application should be filled in by Applicant or its agent. If the Planning Office 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 rescheduled at the applicant's expense.