

BOARD OF APPEALS 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: _____

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

_____ Appealing Decision of Kent County Zoning Administrator _____ Variance
_____ Special Exception _____ Non-conforming 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: _____

If subdivision, indicate lot and block number: _____

If there is a homeowners association, give name and address of association: _____

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 their decision: _____

Present owner(s) 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: _____

For Office Use Only:

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

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

Signature of Owner/Applicant/Agent or Attorney

Date

Please file this form at 400 High Street, Chestertown, MD 21620 accompanied by **\$350.00** filing fee made payable to the Board of Appeals. If you have any questions, contact Clerk at 410-778-7467.

NOTICE: Neither the Board of Appeals or the Planning Office is 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 re-scheduled at the applicant's expense.