

Zoning Certificate of Use Name Change Application Worksheet

Current Certificate of Use No. _____ Date: _____

Name/Ownership Change:

Trade Name From: _____

Trade Name To: _____

Owner /Operator From: _____

Owner/Operator To: _____

Property Structure Owner: _____

Mailing Address: _____

Business Location Address: _____

Business Phone: _____ Home Phone: _____

Type of Business: _____

Anne Arundel County Property Tax Account NO.: _____ - _____ - _____

Area Usage: _____

Zoning Certificate of Use issued is based upon the above

If you have any questions concerning the above, please call or write:

**Anne Arundel County
Office of Zoning Enforcement
Heritage Office Center
2664 Riva RD, P.O Box 6675
Annapolis, MD 21401
(410) 222-7446 or Fax (410) 222-7779**