

For Office Use Only

CASE # _____

FEE PAID _____

DATE _____



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ZONE _____

CRITICAL AREA: IDA ___ LDA ___ RCA ___

BMA: Yes ___ No ___

NO. OF SIGNS _____

VARIANCE APPLICATION

NOTE: This form can be downloaded to your computer and filled out utilizing Adobe Reader (or similar product). It can also be printed and filled out by hand.

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

Property Address: _____

Property Location: _____ feet of frontage on the (_____) side of _____ ;
_____ feet (_____) of (Nearest intersecting street) _____.

12-digit Tax Account Number _____ Tax District (_____) Council District (_____)

Waterfront Lot: Y N Corner Lot: Y N Deed Title Reference _____

Zoning District _____ Lot # _____ Tax Map _____ Block/Grid _____ Parcel _____

Area _____ (_____) Subdivision Name _____

Description of Proposed Project and Variance Requested (Brief, detail fully in letter of explanation)

The applicant hereby certifies that he or she has a financial, contractual, or proprietary interest in the property; that he or she is authorized to make this application; that the information shown on this application is correct; and that he or she will comply with all applicable regulations of Anne Arundel County, Maryland.

Applicant's Signature _____ Owner's Signature _____

Print Name _____ 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 _____

***** Below For Office Use Only *****

Application accepted by Anne Arundel County Office of Planning and Zoning: _____
Initials Date

Variance to _____

