

**For Office Use Only**

FEE PAID \_\_\_\_\_

DATE \_\_\_\_\_



**GROWTH ALLOCATION APPLICATION**

Date: \_\_\_\_\_

Critical Area Map # \_\_\_\_\_

Applicant(s): \_\_\_\_\_

(All persons having 10% or more interest in property)

Property Address: \_\_\_\_\_

Property Location: \_\_\_\_\_ feet of frontage on the (n, s, e, w) side of \_\_\_\_\_ (St, Rd, Ln, etc.);  
\_\_\_\_\_ feet (n, s, e, w) of (Nearest intersecting street) \_\_\_\_\_ (St, Rd, Ln, etc.).

Tax Account Number \_\_\_\_\_ Tax District \_\_\_\_\_ Council District \_\_\_\_\_

Waterfront Lot \_\_\_\_\_ Corner Lot \_\_\_\_\_ Deed Title Reference \_\_\_\_\_

Zoning District \_\_\_\_\_ Lot # \_\_\_\_\_ Tax Map \_\_\_\_\_ Block/Grid \_\_\_\_\_ Parcel \_\_\_\_\_

Area (sq.ft. or acres) \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Current Critical Area Classification \_\_\_\_\_ Requested Critical Area Classification \_\_\_\_\_

Acreage of Requested Growth Allocation \_\_\_\_\_

The applicant hereby certifies that he or she has a financial, contractual, or proprietary interest equal to or in excess of 10 percent of 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 \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_  
(Work) (Home) (Work) (Home)

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