

For Office Use Only

CASE # _____

FEE PAID _____

DATE _____



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ZONE _____ 200 MAP _____

CRITICAL AREA: IDA ___ LDA ___ RCA ___

SAP _____

No. of Signs _____

TWENTY-YEAR REGISTERED USE APPLICATION

Property Address: _____

Property Owner: _____

Owner's Address: _____

Phone _____ Email _____
(Work) (Home) (Cell)

Business Trade Name (if applicable): _____

Owner/Proprietor of Business: _____ Date Business/Use Established: _____

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 _____ Zoning District _____

Lot # _____ Tax Map _____ Block/Grid _____ Parcel _____ Deed Title Reference _____

Subdivision Name _____ Area (sq.ft. or acres) _____

Provide dimensions, square footage area, height, and use for all buildings/facilities/areas on the property (attach additional sheets, if necessary).

Dimensions	Square Footage	Height	Use
1. _____	_____	_____	_____
2. _____	_____	_____	_____

The applicant hereby certifies and agrees as follows: (1) that s/he is authorized to make this application; (2) that the information is correct; and (3) that s/he will comply with all regulations of Anne Arundel County which are applicable hereto.

Application Date _____ Owner's Signature _____

Note: Applicant should attach location map, metes and bounds description, site plan and information to prove continuous use of all nonconforming uses to this application.

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

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

Twenty-Year Registered Use to _____