

For Office Use Only

CASE # _____

FEE PAID _____

DATE _____



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ZONE _____

CRITICAL AREA: IDA ___ LDA ___ RCA ___

BMA: Yes ___ No ___

NO. OF SIGNS _____

CRITICAL AREA RECLASSIFICATION APPLICATION

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

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

Waterfront Lot (circle) Y N Corner Lot (circle) Y N Deed Title Reference _____

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

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

Proposed Critical Area Classification (from/to) _____

Description of Critical Area Reclassification Requested (include narrative providing justification for reclassification)

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

Critical Area Reclassification _____

