



# Board of Appeals Fee Schedule

Single Variance.....	\$150.00
Multiple Variances .....	\$150.00 per Variance
Revision to a Previously Approved Variance .....	\$150.00
Reconsideration of a Previous Decision of the Board of Appeals .....	\$150.00
Re-Scheduling of a Case Previously Postponed by the Applicant .....	\$150.00
Decision on an Alleged Error.....	\$150.00
Special Exception .....	\$300.00
Extension of Time Limit on a Special Exception .....	\$300.00
Revision/Modification of a Special Exception .....	\$300.00
Expansion of or change in Non-Conforming Use.....	\$300.00
Request for Communications Tower .....	\$1600.00

**\*\*\*NOTE\*\*\***

Board of Appeals applications are accepted by **appointment** only. Please contact the Board of Appeals staff at 410-535-1600, extension 2335 or 2559 to schedule an appointment to file your application or to receive information on Board of Appeals requirements.

The attached **Application Filing Requirements** provides details for each case type. Applications and plans that are incomplete are not considered to have been properly filed and will be returned to the applicant for completion before scheduling for public hearing.

**Fees are due at the time of filing. Please make checks payable to “Calvert County Treasurer.” Application fees may only be refunded if written notice of withdrawal of the application is made to the Board’s Administrator prior to Public Notice.**

Complete applications will be scheduled for Public Hearing on the next available agenda, as determined by the Board and Administrator.



## Application Filing Requirements

### Decisions on Alleged Errors:

- A single application package must include the document on which the appeal is based, a letter of explanation and the completed application form.

### Reconsideration Requests:

- A single application package must include the Board of Appeals Order on which the Reconsideration Request is based, a letter describing the reason for the Reconsideration Request, and the completed application form.

### Communications Towers:

- See specific requirements in Article 3 of the Calvert County Zoning Ordinance.
- A single application package must include the development plan and the completed application form.

### Variances, Special Exceptions, Non-Conforming Uses, and all cases other than those noted above:

- A single application package must include a completed application form and a copy of the development/use plan provided to the Department of Planning & Zoning when the application for zoning approval (i.e., building/grading/use permit application, site plan application, subdivision application, etc.) was filed and referred to the Board of Appeals. If your project involves a **Critical Area** variance, you must file the Critical Area form with the application.

### Please note the following:

- For each application type, **eight copies** of the full application package are required.
- If you wish to file additional information for the Board of Appeals and agency reviews prior to the hearing, you must provide the required number of copies of that information at the time the application is filed.
- The Board of Appeals reserves the right to reject plan revisions or other information offered during the public hearing if such revisions and/or other information differ from that which was filed with the application.
- The Board of Appeals reserves the right to request additional information as it deems necessary for proper dispensation of any case.

**If you need assistance or further information, please contact the Board of Appeals staff at 410-535-1600, extension 2335 or 2559.**



Calvert County  
Board of Appeals  
150 Main St.  
Prince Frederick, MD 20678

## **APPLICATION FOR ZONING APPEAL**

**PROPERTY DESCRIPTION:**

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

Tax Map No.: \_\_\_\_\_ Parcel: \_\_\_\_\_ Block: \_\_\_\_\_ Section: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Zoning: \_\_\_\_\_

Has the property ever been the subject of a previous Board of Appeals action? \_\_\_\_\_

If yes, please provide Case No. and approximate hearing date:

\_\_\_\_\_

**PROPERTY OWNER(S):**

PRINTED NAME(s): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT(S) (if different from owner) AND/OR AGENT:**

PRINTED NAME(s): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**PURPOSE OF APPEAL**

**THIS APPLICATION IS FILED FOR:** (check all items that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Variance   | <input type="checkbox"/> Multiple Variances |
| <input type="checkbox"/> Revision to Previously Approved Variance(s)        | <input type="checkbox"/> Special Exception  |
| <input type="checkbox"/> Extension of the Time Limit on a Special Exception |   |
| <input type="checkbox"/> Revision/Modification of a Special Exception       |   |
| <input type="checkbox"/> Expansion or Revision of a Non-Conforming Use      |   |
| <input type="checkbox"/> Reconsideration of a Previous Decision by Board    |   |
| <input type="checkbox"/> Re-Scheduling a Case Previously Postponed          |   |
| <input type="checkbox"/> Decision on an Alleged Error                       |   |

**Please Briefly Describe Your Request. You may include a supplemental page if necessary.**

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**CERTIFICATION**

I hereby certify that, to the best of my knowledge and ability, the information I have provided in this application is complete and correct, and I request that my application be scheduled for the first available Board of Appeals public administrative hearing.

If there is more than one property owner, all owners must sign or the application will not be accepted.

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Co-Owner's Printed Name

\_\_\_\_\_  
Owner's Signature and Date

\_\_\_\_\_  
Co-Owner's Signature and Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Co-Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature and Date

\_\_\_\_\_  
Co-Applicant's Signature and Date

**ONE COPY ONLY**

**THE FOLLOWING INFORMATION IS REQUESTED TO ASSIST IN PROCESSING YOUR APPLICATION. IT IS NOT PART OF THE PUBLIC RECORD FOR THE CASE.**

**Board of Appeals staff may need to contact you regarding your appeal. Please provide the following:**

PROPERTY OWNER INFORMATION:

TELEPHONE: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

APPLICANT INFORMATION:

TELEPHONE: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**The Board of Appeals staff generally visits each property prior to preparing a staff report. Does the Board of Appeals staff have your permission to visit your property during normal work hours (Monday-Friday)? \_\_\_\_\_**

**Do you have a dog that is kept outdoors on the property during the day? \_\_\_\_\_**

**Directions to the subject property from Route 2-4:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STAFF USE:

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

Fees Paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

Case No.: \_\_\_\_\_