



Board of Appeals Application

Calvert County, MD | Department of Planning & Zoning | Board of Appeals
 205 Main Street, Prince Frederick, MD 20678
 Phone: (410) 535- 2348 | (410) 535-1600 ext. 2559 or 8552
 TDD: (410) 535-6355 | Fax: (410) 414-3092
 Email: Chris.Goldsmith@CalvertCountyMD.gov or Maureen.Frederick@CalvertCountyMD.gov

Please note everything in and included with this application (except for the contact sheet) is part of public record.

SUBJECT PROPERTY DESCRIPTION

Premise/Street Address:

City:	State:	Zip:
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PROPERTY OWNER(S) This information can be found on [Real Property Database](#) records at dat.maryland.gov.

Include all property owners, even if they will not be involved with the case.

Owner Name:

Mailing Address:

City:	State:	Zip:
Phone:	Phone:	Email:

Co-Owner Name:

Mailing Address:

City:	State:	Zip:
Phone:	Phone:	Email:

APPLICANT

Include an applicant if someone else is applying on behalf of the property owner(s) without being paid for it. For example, an applicant can be a tenant of a property or representative of a business. You don't need to include separate information if the owner is the applicant.

Same as Owner: Name(s):

Mailing Address:

City:	State:	Zip:
Phone:	Phone:	Email:

AGENT

Include an agent if someone else has been hired to apply on behalf of the property owner(s). (Contractor, Engineer, Attorney, etc.)

None: Name/Company:

Mailing Address:

City:	State:	Zip:
Phone:	Phone:	Email:

TYPE OF APPLICATION

 Check ALL that apply:

For more information about what to apply for, reference the Board of Appeals Referral submitted by your planner (if applicable).

<input type="checkbox"/> Variance (x)	<input type="checkbox"/> Critical Area Variance (x)	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Decision on Alleged Error
<input type="checkbox"/> Expansion or Revision of a Non-Conforming Use	<input type="checkbox"/> Extension of the Time Limit on a Special Exception	<input type="checkbox"/> Reconsideration of a Previous Decision by Board	
<input type="checkbox"/> Revision to Previously Approved Variance	<input type="checkbox"/> Revision/Modification of a Special Exception	<input type="checkbox"/> Rescheduling a Case Previously Postponed	

Is this related to any of the following, ongoing or previous, instances? Check ALL that apply:

<input type="checkbox"/> Permits? (#)	<input type="checkbox"/> Enforcement cases? (#)
<input type="checkbox"/> BOA cases? (#)	<input type="checkbox"/> Court cases? (#)

DESCRIPTION OF REQUEST

Write a few sentences about what you're applying for. The best descriptions incorporate one of the phrases under "Nature of Application" using something like "I am seeking a variance to do thus-and-so."

- For Special Exception Cases:**
- If you want to raise livestock such as chickens, please include the number and sex of the animals, such as "three hens and one rooster."
 - For applications for a home-based business, please include the operating hours, number of customers onsite at a time, whether appointments are necessary, and frequency of customers.

My description of request is on a separate page.

FEES

Use this section to calculate the fees due with your application. Please make checks payable to "Calvert County Treasurer."

This application is on behalf of a non-profit organization which is not required to pay these fees. (Include a copy of documentation proving the non-profit's status, such as a 501(c) determination letter or similar.)

I already paid my referral fee so I don't need to pay it again. (Include a copy of your receipt.)

Items being brought before the Board of Appeals:	Quantity x Amount	Total
Variance (including Critical Area)	X \$150.00	
Special Exception	X \$300.00	
Decision on Alleged Error	X \$150.00	
Reconsideration Request	X \$150.00	
Postponement or Continuance of Case at Applicant's Request	X \$150.00	
Time Limit Extension on Special Exception	X \$300.00	
Modification	X \$300.00	
Expansion of Non-Conforming Use	X \$300.00	
Referral (MANDATORY for Variances and Special Exceptions—only 1 required per application)	X \$35.00	

Total Amount Due:

I am paying this fee using a: Check (# _____) Money Order (# _____) Cash (exact change)

For Staff Use Only

Date of Payment:	Receipt:	Initials:
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WHAT TO INCLUDE WITH YOUR APPLICATION

For a Variance(s) (including Critical Area):

- Completed BOA Application Form
- The use/development plan provided to Planning and Zoning (usually the permit application, site plan application, or subdivision application, or similar)
- A drawing or diagram, to scale, of the proposed development
- A printout of your property's information from the [Real Property Database](http://dat.maryland.gov) at dat.maryland.gov
- Any other information you feel is relevant
- BOA Contact Form

For a Special Exception:

- Completed BOA Application Form
- The use/development plan provided to Planning and Zoning (usually the permit application, site plan application, subdivision application, or similar)
- A drawing or diagram, to scale, of the proposed development
- A printout of your property's information from the [Real Property Database](http://dat.maryland.gov) at dat.maryland.gov
- Any other information you feel is relevant
- BOA Contact Form

For a Decision on Alleged Error:

- Completed BOA Application Form
- The document upon which the appeal is based
- A letter or memo of explanation
- A printout of your property's information from the [Real Property Database](http://dat.maryland.gov) at dat.maryland.gov
- Any other information you feel is relevant
- BOA Contact Form

For a Reconsideration Request:

- Completed BOA Application Form
- The Order upon which the appeal is based
- A letter or memo of explanation
- A printout of your property's information from the [Real Property Database](http://dat.maryland.gov) at dat.maryland.gov
- Any other information you feel is relevant
- BOA Contact Form

For Any Other Application Type:

- Check with Board of Appeals staff.

SIGNATURE

All owners of the subject property must sign this application, even if they will not be involved with the case.

I hereby certify that, to the best of my knowledge and ability, the information I and any designees have provided in this application is complete and correct. I request that this application be scheduled for the first available Board of Appeals public administration hearing. I grant Board of Appeals staff and members permission to conduct site visits to the subject property.

	Name	Signature	Date
Owner 1			
Owner 2			
Applicant			
Agent			