

Date: _____

Permit # _____

Fee: _____

ZONING CERTIFICATE TOWN OF WALKERSVILLE

Applicant: _____

Address: _____

Phone: _____

Fax: _____

Name of Contractor: _____

Address: _____

Phone: _____

Fax: _____

Owner Name(s): _____

Address of Property: _____

Subdivision Name: _____

Section #: _____ Lot #: _____

Property ID (Tax Account #): _____

Tax map: _____ Parcel #: _____

(Note: property information is available at www.dat.state.md.us)

Lot size: _____ Lot dimensions: _____

Setbacks of proposed structure from property lines:

Front: _____

Rear: _____

Left: _____

Right: _____

Number of off-street parking spaces: _____

Water supply (check one): Walkersville Town _____ Private well _____

Sewer (check one): Frederick County _____ Private septic _____

Intended use: _____

Residential:

____ New unit

____ Addition to residence

____ Deck

____ Accessory building/shed (size _____ sq. ft.)

____ Swimming Pool (depth) _____

____ Fence (height _____ ft.)

____ Home occupation

____ Interior renovation/alteration

____ Propane tank

____ Other: _____

____ Sign (size _____ sq. ft.)

Approximate cost of construction: _____

For office use only:
Frederick County A/P#: _____

Action:
Date: _____

Commercial / Office / Industrial / Institutional / Other nonresidential:

_____ New _____ Addition _____ Change of use _____ Sign
_____ Other: _____

Approximate cost of construction: _____

The applicant hereby certifies and agrees as follows:

- (1) that he/she is authorized to make this application;
- (2) that the information is correct;
- (3) that he/she will comply with all regulations of this Town, which are applicable hereto;
- (4) that he/she will perform no work on the above property not specifically described in this application.

Any change without approval of the agencies shall be sufficient grounds for the disapproval of a permit.

Note: this permit expires one year from the date of approval.

This permit does not exclude the applicant from acquiring the other State and Local permits necessary to starting construction.

Signed: _____

Printed name: _____

Mailing address: _____

Phone: _____

For Town staff use only:

Zoning District, applicable sections of Ordinance: _____

Town Zoning Certificate number: _____

Approved: _____ Date: _____

Denied: _____ Date: _____

Reason for denial: _____

Comments:

Susan J. Hauver, Planning and Zoning Administrator

Date: _____

Other permits required:

_____ Frederick County building/plumbing/electrical permit

For referral to/approval by _____ Frederick County permits office _____ Frederick County Health Dept _____ Frederick County Water & Sewer (for sewer) _____ Frederick County Public Works (for driveway on a County road) _____ State Highway Administration (for driveway on State road)

For office use only:
Frederick County A/P#: _____

Action:
Date: