

OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

**COMPLETE BOTH PAGES COMPLETELY AND SUBMIT 3 COPIES OF SITE PLANS**



## TOWN OF ROCK HALL ZONING PERMIT APPLICATION

**PERMIT NUMBER:** \_\_\_\_\_

### PROPERTY INFORMATION:

STREET ADDRESS: \_\_\_\_\_

PROPERTY TAX ID: \_\_\_\_\_

USE OF PROPERTY: \_\_\_\_\_

IS THE PROPERTY IN THE CRITICAL AREA?    ☐ YES    ☐ NO

IS THE PROPERTY IN THE FLOODPLAIN?    ☐ YES    ☐ NO

### PROPERTY OWNER:

NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### APPLICANT/CONTRACTOR, IF DIFFERENT FROM OWNER:

NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ MD LICENSE #: \_\_\_\_\_

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

**SUBMIT APPLICATION AND REQUIRED DOCUMENTS TO ROCK HALL TOWN HALL , 21447 ROCK HALL AVE  
OR EMAIL TO BRANDEE VAUGHAN, CODE ENFORCEMENT OFFICER AT, [bvaughan@rockhallmd.gov](mailto:bvaughan@rockhallmd.gov)**

**TOWN OF ROCK HALL: ZONING PERMIT APPLICATION**

**DESCRIPTION OF PROPOSED WORK:**

**SIGNATURE OF OWNER/AUTHORIZED AGENT:**

By signing below, I certify and agree as follows: (1) I am authorized to make this application. (2) All information is correct. (3) I will comply with all regulations of the Town of Rock Hall which are applicable hereto. (4) I will perform only the work specifically described in this application and my submitted site plan. (5) I grant town officials the right to enter onto the property for the purpose of evaluating plan and proposed work, inspecting the work permitted and posting notices, if applicable. (6) I understand that if I chose to appeal, my appeal shall be in writing stating the grounds for appeal and shall be filed with the Board of Zoning Appeals within 30 calendar days of the date of issuance, decision, determination or order and that the right to appeal is waived if not timely filed.

**OWNER/AUTHORIZED AGENT:**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FOR OFFICE USE ONLY

REVIEWED BY AND DATE: \_\_\_\_\_

FINAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
Planning & Zoning Administrator

IS THERE A SUPPLEMENTAL OR CONDITIONAL LETTER? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE FEE PAID: \_\_\_\_\_