Town of Loch Lynn Heights 211 Bonnie Boulevard Loch Lynn Heights, MD 21550 Phone: 301-334-8339 Email: lochlynn@shentel.net

APPLICATION FOR ZONING PERMIT

Application No	Date		
Name			
Pursuant to the provision	s of the Zoning Ordina	nce of the Town of Loc	ch Lvnn Heights.
Maryland, I hereby make			= j 1141 <u>8</u>
Type of use prop	osca use (address)		
Man Rlo	oscu oskParcal	Lot(s)	
Progent on Provide	oug Ugo of Land on St	ructure	
1 lesent of 1 levie	jus Use of Lanu of St		
(a) Sewer Connect Zoning Permit Fee. All s Heights will need a 10-d site plan is required. The and water laterals be in to being covered.	ewer taps are not tra lay notification before he Maryland State Pl	nsferable and the Tow e a sewer tap can be m umbing Code requires	yn of Loch Lynn aade. A surveyor s that all sewer
(b) New Construct construction that does recrequired.		g Permit Fee of \$ter service. A surveyo	
(c) I remit the Zon to a house, attached or un service. In lieu of a surv required set backs is red	nattached garage that d v eyor site plan, a dra v	wing with the construc	and/or water ction item with
(d) I remit the Zon fence, sign, deck, porch, surveyor site plan, a dra required, and property	utility shed, carport, panwing with the constr	uction item with requi	In lieu of a
(e) I remit the Special Zoning Permit Fee. Attack variance - in lieu of a surequired setbacks is required setbacks is required to the help have to re-apply for a permit the Special Per	ch a written statement rveyor site plan, a dr uired, and property earing, the chairman	awing with the constr corners must be mark will close the hearing;	equest. If not a uction item with ed. If more than
(f) I remit the Zon	ing Fee of \$	for a Home Business P	ermit.

I have read the information contained in the application and agree to comply with all requirements herein and with the provisions of any and all applicable Town Ordinances.

Name(s) as stated on Deed (Print)			
Signature of Applicant			
Address of Applicant			
Telephone #	Cell #		
ONCE APPROVED, THE DETAILS SHOWN ON THE SITE PLAN INCLUDED WITH THIS PERMIT <u>CANNOT</u> BE ALTERED.			
FOR TOWN STAFF ONLY			
Receipt of Fee by:	_ Cash Check # Date		
Pre-Construction Inspection:			
Approved:	Date:		
FOR ZONING ADMINISTRATOR ONLY	Y		
Zoning Permit Approved:	Date:		
Zoning Permit Disapproved:			
Reason(s):			
Signature:			
FOR MAYOR &/OR COUNCIL ONLY			
Approved:	Date:		
FOR STAFF ONLY Post-Construction Inspection:			
Approved:	Date:		