



**MAYOR AND CITY COUNCIL OF LAUREL
DEPARTMENT OF COMMUNITY PLANNING & BUSINESS SERVICES**

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Date Filed:	_____
Incode No.:	_____
Application No.:	_____
Planner:	_____
Zoning Sign:	_____
PC Hearing:	_____
PC Decision:	_____
Resolution No.:	_____

CERTIFICATION OF NONCONFORMING USE APPLICATION

****APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY. APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS IN THE CHECKLISTS ARE ADDRESSED. ****

RESIDENTIAL

COMMERCIAL

*Please check one

1. SUBJECT PROPERTY

Project Name: _____

Street Address: _____

Zoning: _____ Lot: _____ Block: _____

Subdivision Name: _____

Tax Identification No.: _____

2. APPLICANT

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

3. PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

4. CURRENT PROPERTY USE

Description: _____

Occupant: _____

Contact Person: _____ Contact Phone: _____

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT

Signature: _____

Date: _____

Print Name _____

PROPERTY OWNER (Required if different than applicant)

Signature: _____

Date: _____

Print Name _____

<u>Fees</u> (see separate schedule)	<u>Amount</u>	<u>Account #</u>
Filing Fee		10-43105
Zoning Sign	\$30.00	10-43105
<u>Total:</u>		