



**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.: _____

PARKING MODIFICATION APPLICATION

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

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. ENGINEER/SURVEYOR

Name: _____
Street Address: _____ Suite No.: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Home Phone: _____
Email: _____

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>		