



**Town of Sharpsburg
REZONING REQUEST FORM**

APPLICANT'S NAME: _____

COMPANY/FIRM: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____ Fax: _____

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____ Fax: _____

SURVEYOR/ENGINEER INFORMATION:

NAME: _____

DAYTIME PHONE: _____ Fax: _____

CONTACT PERSON: _____

SITE DESCRIPTION

ADDRESS/DESCRIPTION OF SUBJECT SITE: _____

COUNTY: _____ TAX MAP PARCEL NO: _____

SIZE OF PARCEL(S): _____

REQUEST TO REZONE SUBJECT SITE FROM: _____ TO: _____

LIST ANY CONDITIONS: _____

CURRENT LAND USE: _____

LAND USE NORTH OF SITE: _____

LAND USE SOUTH OF SITE: _____

LAND USE EAST OF SITE: _____

LAND USE WEST OF SITE: _____

REASON FOR RE-ZONING REQUEST: Attach Additional Pages if Necessary

OTHER REQUIREMENTS & ATTACHMENTS

Filing Fee of \$200 Due at Filing of Request (Non-Refundable)

Site Map of Parcels Under Study

Copy of Tax Card(s) for Subject Property

Proof of Ownership (Copy of Deed/Deed of Trust, etc)

Site Photos. North, South, East, West Views (CD Preferred)

By _____ Date _____

Printed Name of Property Owner