



**Caroline County, Maryland**  
**Department of Planning & Codes**  
 403 South 7<sup>th</sup> Street, Suite 210  
 Denton, Maryland 21629-1335  
 (410) 479-8100

APPLICATION NO:	_____
DATE FILED:	_____
HEARING DATE:	_____
APP FEE:	_____ TRN NO: _____
ADV FEE:	_____ TRN NO: _____

## APPLICATION FOR VARIANCE

### I. APPLICANT/OWNER INFORMATION:

A. Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

B. Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

C. Attorney/Authorized Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

### II. PARCEL INFORMATION:

Premise Address: \_\_\_\_\_  
 Nearest Town/Village: \_\_\_\_\_

Tax Map: _____	Elect District: _____	<b>REQUIRED SETBACKS:</b>
Grid: _____	Account ID: _____	Front: _____ min
Parcel: _____	Acreage: _____	Rear: _____ min
Lot: _____	Zoning: _____	Sides: _____ min

#### CRITICAL AREAS:

- None
- LDA
- RCA

#### SENSITIVE AREAS:

- Perennial Stream
- Intermittent Stream
- Steep Slopes

#### FLOODPLAIN:

- None
- F-1     F-2     F-3
- Panel No: \_\_\_\_\_

#### PDA:

- Yes
- No

#### AG PRES DIST/EASEMENT:

- Yes
- No

#### FCA EASEMENT ON SITE:

- Yes
- No

**III. REASON FOR REQUEST (SECTION \_\_\_\_\_):**

- Yard, Area or Setback Requirement
- Size or Height of Signs
- Height, Area or Bulk of Structures
- Structures and Construction within Regulated Floodplains
- Parking Space Requirements
- Other Dimensional or Similar Requirements
- Critical Area Lot Coverage Limits, Buffer Encroachment or Steep Slope Disturbance
- Stream and Stream Buffer Dimensional and Area Setback Requirements
  
- Administrative Variance (not more than 33.33% from the specified measurement)**
  - Critical Area Lot Coverage Limits, Buffer Encroachment or Steep Slope Disturbance
  - Stream and Stream Buffer Dimensional and Area Setback Requirements

Type and size of structure requiring variance:

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Distance structure requiring variance will be/is from the property lines:

Front \_\_\_\_\_ Rear \_\_\_\_\_ Side (L) \_\_\_\_\_ Side (R) \_\_\_\_\_

**Using the following questions, please explain why the proposed project CANNOT meet the minimum requirements:**

a) Explain how the strict application of this zoning chapter would produce unnecessary and undue hardship:

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b) Explain how the above listed hardship is the result of special conditions and circumstances not generally shared by other properties in the same zoning district or vicinity and which are peculiar to the land, structure or building involved:

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c) Explain how the above listed special conditions or circumstances do not result from the action of the applicants:

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d) Explain how the granting of the variance will be in harmony with the general purpose and intent of the zoning chapter and will not be injurious to adjacent property, the character of the neighborhood or the public welfare:

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e) Explain how the condition, situation or intended use of the property concerned is not of so general or recurring a nature as to make practicable a general amendment to the zoning chapter:

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f) Explain how this variance will be the minimum necessary to afford relief:

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**FOR PROPERTIES LOCATED WITHIN THE CHESAPEAKE BAY CRITICAL AREA:**

g) Explain how the granting of a variance will not adversely affect water quality or adversely impact fish, wildlife or plant habitat within the Critical Area:

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h) **IF THIS APPLICATION INVOLVES A NON-CONFORMING LOT OF RECORD -** Explain how it is not possible to reconfigure or consolidate lots so as to permit compliance with the critical area regulations due to pattern of lot ownership:

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**IV. ATTACHMENTS (WHEN APPLICABLE):**

- |                          |                                    |                   |
|--------------------------|------------------------------------|-------------------|
| <input type="checkbox"/> | Health Department Review Comments  | Date Rec'd: _____ |
| <input type="checkbox"/> | Site Plan Drawn to Scale           | Date Rec'd: _____ |
| <input type="checkbox"/> | Entrance Review Comments (SHA/DPW) | Date Rec'd: _____ |
| <input type="checkbox"/> | Critical Area Commission Comments  | Date Rec'd: _____ |
| <input type="checkbox"/> | Other                              | Date Rec'd: _____ |

**V. FEE(S)**

**Administrative Variances - \$125.00 application fee**

**Other Variances - \$250.00 (non-critical area) or \$500.00 (critical area) application fee**

All **advertising costs** (if applicable) associated with this application will be **invoiced separately** and are due prior to the scheduled hearing date. No fees shall be refunded if a Variance application is withdrawn after publication of the first public hearing notice or if the application is denied. A refund may be requested, less a **\$50.00 administrative processing fee**, prior to the first public hearing notice.

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I/we hereby apply to the Caroline County Board of Zoning Appeals for a Variance in accordance with the Caroline County Zoning Ordinance and certify to the best of my/our knowledge that the information listed above is correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

ALL OWNERS AS LISTED WITH THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION MUST SIGN THE APPLICATION:

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

rev: 07.21.17