



Mayor & Council of Berlin

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BOARD OF ZONING APPEALS APPLICATION

ADDRESS OF PROPERTY: _____ DATE: _____

APPLICATION FOR: _____ VARIANCE _____ CONDITIONAL USE _____ APPEAL

LOT # _____ LOT SIZE: _____ ZONING DESIGNATION: _____ TAX MAP _____ PARCEL _____

APPELLANT NAME: _____ ADDRESS: _____

APPELLANT PHONE#: _____ APPELLANT EMAIL: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE GROUNDS FOR THE APPEAL. IF THE REQUEST IS FOR A VARIANCE, PROVIDE A DESCRIPTION OF THE LAND USE HARDSHIP. IF THIS IS A CONDITIONAL USE REQUEST, PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED USE:

Four empty horizontal lines for providing a description of the grounds for the appeal.

PROPERTY OWNER: _____ ADDRESS: _____

PHONE #: _____ EMAIL: _____

OWNER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

CASE # _____ DATE APPLICATION RECEIVED _____

HEARING DATE _____ PROPERTY POSTED DATE _____

FEES DUE _____ FEES PAID _____

DECISION: _____
