

**BOARD OF APPEALS APPLICATION**

***Kent County Department of Planning, Housing and Zoning***

Kent County Government Center  
400 High Street • Chestertown, MD 21620  
410-778-7423 (phone) • 410-810-2932 (fax)

**IN THE MATTER OF THE APPLICATION OF:  
(Name, Address and Telephone Number of Applicant))**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**For Office Use Only:**

Case Number/Date Filed: \_\_\_\_\_  
Filed by: \_\_\_\_\_  
Applicant: \_\_\_\_\_  
Planning Commission: \_\_\_\_\_  
Date of Hearing: \_\_\_\_\_  
Parties Notified: \_\_\_\_\_  
Notice in Paper: \_\_\_\_\_  
Property Posted: \_\_\_\_\_

**Please provide the email of the one person who will be responsible for responding to comments. Only this person will be contacted by staff and will be the person responsible for forwarding the comments or requests for additional information to any other interested parties. EMAIL:** \_\_\_\_\_

**TO THE KENT COUNTY BOARD OF APPEALS:** In accordance with Article \_\_\_\_\_ Section \_\_\_\_\_

of the Kent County Zoning Ordinance, as amended, request is hereby made for:

\_\_\_\_\_ Appealing Decision of Kent County Zoning Administrator    \_\_\_\_\_ Variance  
\_\_\_\_\_ Special Exception    \_\_\_\_\_ Nonconforming Use

**DESCRIPTION OF PROPERTY INVOLVED:**

Located on: (Name of Road, etc.) \_\_\_\_\_

In the \_\_\_\_\_ Election District of Kent County.

**Size of lot or parcel of Land:** \_\_\_\_\_

Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot #: \_\_\_\_\_ Deed Ref: \_\_\_\_\_

List buildings already on property: \_\_\_\_\_

If subdivision, indicate lot and block number: \_\_\_\_\_

If there is a homeowner's association, give name and address of association: \_\_\_\_\_

**PRESENT ZONING OF PROPERTY:** \_\_\_\_\_

**DESCRIPTION OF RELIEF REQUESTED:** (List here in detail what you wish to do with property that requires the Appeal Hearing.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If appealing decision of Zoning Administrator, list date of their decision: \_\_\_\_\_

**Present owner(s) of property:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

If Applicant is not owner, please indicate your interest in this property: \_\_\_\_\_

Has property involved ever been subject to a previous application? \_\_\_\_\_

If so, please give Application Number and Date: \_\_\_\_\_

**PLEASE FILL IN BELOW, OR ATTACH HERETO, A SKETCH OF THIS PROPERTY.**

List all property measurements and dimensions of any buildings already on the property.

**Put distances between present buildings or proposed buildings and property lines.**

**NAMES OF ADJOINING PROPERTY OWNERS:**

Owner(s) on the North: \_\_\_\_\_

Owner(s) on the South: \_\_\_\_\_

Owner(s) to the East: \_\_\_\_\_

Owner(s) to the West: \_\_\_\_\_

Homeowners Association, name and address, if applicable: \_\_\_\_\_

**BY SIGNING THIS APPLICATION, I GRANT MEMBERS AND ALTERNATE OF THE BOARD OF ZONING APPEALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF VIEWING THE SITE OF THE APPLICATION OR APPEAL.**

\_\_\_\_\_  
Signature of Owner/Applicant/Agent or Attorney

\_\_\_\_\_  
Date

Please file this form at 400 High Street, Chestertown, MD 21620 accompanied by **\$350.00** filing fee made payable to the **County Commissioners of Kent County**. The filing fee for appeals of a Zoning Administrator's decision is \$250.00. If you have any questions, please contact the Clerk at 410-778-7467.

**NOTICE: Neither the Board of Appeals nor the Planning Department is required to make out this Application. If the Planning Department assists you, it cannot be held responsible for its contents.**

**Applicants arriving more than 10 minutes after the scheduled hearing will not be heard and will be re-scheduled at the applicant's expense.**