GARRETT COUNTY, MARYLAND
ZONING APPLICATION AND PERMIT

Date: _____

1. Applicant: _____
2. Mailing Address: _____
   Number Street Name
   _____
   City State Zip Code
3. Applicant Email: _____ Phone Number: _____
4. Project Physical Address Location: _____
   _____
5. Present Use of Land or Structure: _____
6. Type of Use Proposed: _____

Within the space below, please sketch the location of the proposed project on property, showing distances from rear, front, and side property lines to project and the dimensions of the project.

I hereby certify that I am
_____ the owner of the property
_____ the authorized agent of the owner of the property
on which the proposed use will be located, and that the information given herein, including all attachments hereto, is correct and true to the best of my knowledge.

Signature_____

FOR ZONING ADMINISTRATOR ONLY

Application No. _____

Permit Approved: _____Date _____Project Location_____
Signature Map/Parcel

Permit Approved Pursuant to: _____

Zoning Permit Fee $_____ Cash/Ck#_____ Date Paid_____ Receipt of fee by_____