

TOWN OF LAYTONSVILLE
P.O. BOX 5158, LAYTONSVILLE, MD 20882
(301) 869-0042 FAX (301) 869-7222
www.laytonsville.md.us

SPECIAL EXCEPTIONS: REVIEW SECTIONS 118 AND 119 OF ZONING ORDINANCE
BEFORE SUBMITTING APPLICATION

VARIANCES: REVIEW SECTIONS 117 AND 119 OF ZONING ORDINANCE

RECLASSIFICATION OF ZONE: REFER TO SECTION 122 OF ZONING ORDINANCE

APPLICATION FOR:

Special Exception: <input type="checkbox"/>		Application #: _____
Variance: <input type="checkbox"/>		Date Filed: _____
Reclassification of Zone <input type="checkbox"/>		Decision: _____
		Date: _____

1. **Name of Applicant:** _____
2. **Address of Applicant:** _____
3. **Name of Property Owner:** _____ **Address:** _____
4. **Description of Property:** Lot: _____ Block: _____ Subdivision _____
Acres/Feet: _____
Or a description by metes, bounds, courses and distances and plat references:

Street Address: _____ **Current Zone Classification:** _____

5. **Nature of Application: (Describe Special Exception or Variance requested or reason for Zone Reclassification)**

6. **Requested Zone** _____ **From** _____ **To Zone:** _____
Reclassification: _____ **Zone:** _____

7. **List all application numbers of prior applications for reclassifications of subject property:**
_____ ; _____ ; _____ ; _____

8. **I (we) have received and read the Zoning Ordinance for the Town of Laytonsville. I affirm all statements contained hereon this application are true and correct. I understand that all filing fees shall not be refunded unless this application is withdrawn prior to the time that the application is scheduled for hearing.**

Dated this _____ day of _____, 20_____

(Seal)
(Seal)

CONTINUED
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Continued

9. **Required with Reclassification Applications:**
(a) **Plat showing property referred to in Application**
(b) **A vicinity map complete with requirements of Town Ordinance**

10. **Required with all Applications: Filing fee of \$ _____**

An application for a variance shall set forth:

Name and address of owner of the property:

Description or plat of the property: _____

Relief requested and reasons therefor: _____

An application for a special exception shall set forth:

Name and address of applicant:

Description of proposed use:

Proposed hours of operation: _____

Estimated number of patrons: _____

Qualifications of applicant to conduct the proposed use: _____

Estimate of traffic impact: _____

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Continued

Description or diagram showing area of the lot or building to be devoted to the special exception use: _____

Proposed off-street parking and ingress and egress: _____

Application must comply with Homeowners' Association guidelines if applicable.

**AN INDIVIDUAL HOLDER OF A SPECIAL EXCEPTION OR THE PROPERTY OWNER
MAY BY WRITTEN REQUEST TO THE BOARD OF APPEALS ABANDON AN
APPROVED SPECIAL EXCEPTION (ORDINANCE No. 04-07 – SEPTEMBER 4, 2007)**