GARRETT COUNTY, MARYLAND ZONING APPLICATION AND PERMIT

| Application No | | Date | |
|----------------|----------------------------------|--------|----------|
| 1. | Applicant | | Phone |
| 2. | Address | Number | |
| | City | State | Zip Code |
| 3. | Project Location | | |
| 4. | Present Use of Land or Structure | | |
| 5. | Type of Use Proposed | | |

Within the space below, please sketch location of 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.

| 3 | Signature_ | a | | |
|-------------------------------|------------------|--------------------------------|--|--|
| FOR ZONING ADMINISTRATOR ONLY | | | | |
| Permit ApprovedSignatu | Date Ire | Project Location Map/Parcel | | |
| Permit Approved Pursuant to: | | | | |
| Zoning Permit Fee \$ | Receipt of fee I | by | | |