

**2010 Comprehensive Rezoning Request
(One application per parcel)**

OFFICE USE ONLY:

Request # _____
OPZ Recommendation _____
PC Recommendation _____
County Comm Action _____

The purpose of this application is to request a different zoning classification for a specific parcel than is proposed by the Office of Planning & Zoning. Each rezoning request will be considered by the Cecil County Planning Commission for a recommendation and will be considered by the Board of County Commissioners for a final decision. This application must be returned to the Office of Planning & Zoning by 4:30 PM on January 31, 2011. An application for a change of zoning classification shall not be considered under the comprehensive rezoning process unless it is received by the Office of Planning & Zoning by 4:30 PM on January 31, 2011.

Property Information

Property Owner Name _____
Address _____

Tax Map _____
Parcel _____
Lot _____
Election District _____

Zoning of Property shown on Proposed Zoning Map: _____

Zoning requested: _____

Please explain your reasons for the request. Be brief, but include all pertinent facts.

(Please use other side if necessary)

Applicant's name (please print): _____

Signature of applicant: _____

Applicant's address: _____

Applicant's telephone number: _____ Date: _____

Please return to: Office of Planning & Zoning, 200 Chesapeake Blvd, Room 2300, Elkton, MD 21921