



For Official Use Only	
PC Case Number:	
Hearing Date:	
Date Filed	
Map Amendment Fee:	\$
\$4,400 + \$10.00/Acre	
Date Paid:	

## APPLICATION FOR ZONING MAP AMENDMENT

The completed application form, supporting plans and other documentation in **PDF form ONLY**, as well as your **citizen portal account name** must be sent to [drcdigital@cityoffrederickmd.gov](mailto:drcdigital@cityoffrederickmd.gov) on or before **3:00** PM on the application deadline date. Any files that are larger may be sent via a shared link. You will need to remove your email signature image before submitting. Please make sure all files submitted are legible. Incomplete applications will not be accepted.

\*Payment of fees by credit card is preferred via our [Citizen Access Portal](#). If paying by check, the check with a copy of your application form must be received in the front vestibule planning box at 140 W. Patrick Street on or before the submittal deadline. Questions, please contact Jess Murphy at [jmurphy@cityoffrederickmd.gov](mailto:jmurphy@cityoffrederickmd.gov).

<b>APPLICANT INFORMATION: *Application may only be made by an official or agency of the City, property owner or his/her authorized agent, or any other person(s) with a 50 percent/more contractual or proprietary interest in the area covered by the amendment application.</b>	
Name:	
Firm/Company:	
Address:	
Phone:	email:
<b>OWNER INFORMATION</b>	
Name:	
Firm/Company:	
Address:	
Phone:	email:
<b>REPRESENTED BY – OWNER’S AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION.</b>	
Name:	
Firm/Company:	
Address:	
Phone:	email:

All correspondence will be sent to the applicant. If the owner also wishes to receive a copy, please check box:

<b>PROJECT INFORMATION (See Table 1102-1 of the LMC)</b>		
Project Location: (Street Address)		Tax ID:
Tax Map No.	Parcel No.	No. of Acres* No. of Acres to be Rezoned*
Current Zoning & Number of Acres:		

Current Use:
Proposed Zoning & Number of Acres:
Proposed Use:
Adjacent Zoning(s):
Adjacent Uses:
<b>*Area in square feet if less than one acre. Required Attachments:</b>
A. Statement of the finding of fact the applicant wishes the Mayor and Board to adopt including finding of change or mistake. (See Section 306 (c3B) of the LMC)
B. Plat of property or copy of tax map with property to be rezoned.
C. Copy of a map delineating the neighborhood if application is based on a change in the character of the neighborhood.
D. Copy of existing Comprehensive Plan Map with neighborhood area identified, if applicable.
E. Zoning History - Description of current zoning, prior zoning and any rezonings in the neighborhood.
F. Contact person for property posting*  Name:  Phone No.:

I hereby attest that the information provided on and attached to this application is complete and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Applicant must be owner or contract purchaser (See Section 306.c.1)*

**\*The Applicant must provide public notice in accordance with Table 301-2 of the LMC which includes the posting of the property as well as adjacent property owner's notification.**