



| For Official Use Only | |
|----------------------------------|----------|
| ZBA Case Number: | |
| Hearing Date: | |
| Ad Date: | |
| Application Fee: | \$600.00 |
| Application Fee for Admin. Error | \$300.00 |
| Date Paid: | |

ZONING BOARD OF APPEALS APPLICATION FOR APPEALS

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 zbadigital@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](#), please contact Carreanne Eyer at ceyer@cityoffrederickmd.gov for additional payment options if needed.

| APPLICANT INFORMATION - OWNER'S AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION. | |
|---|---|
| Contact Name: | |
| Firm/Company: | |
| Address: | |
| Phone: | email: |
| OWNER INFORMATION | |
| Name: | |
| Firm/Company: | |
| Address: | |
| Phone: | email: |
| APPEAL INFORMATION | |
| Project Location (Street Address): | Project Name & Case Number: <i>(if applicable)</i> |
| Current Zoning: | Current Use: |
| Proposed Use: (Describe in detail the proposed project or use.) | |
| Date of decision: | Date of appeal: |
| Decision being appealed: | |
| Type of Appeal: Administrative Error <input type="checkbox"/> Archeological Assessment <input type="checkbox"/> Building Permit/ Certificate of Occupancy <input type="checkbox"/> | |

JUSTIFICATION FOR ADMINISTRATIVE DECISION APPEAL

Section 315 of the Land Management Code states "An appeal to the Board may be made by any person aggrieved or by any officer, department, or board within the jurisdiction affected by the decision of the Zoning Administrator. In addition to the requirements of §312, such appeal shall be made within 30 days of the decision of the Zoning Administrator by filing a notice of an appeal on the forms provided by the Department. Such notice shall specify the nature and grounds of the appeal and shall contain such additional information as may be needed to explain the appeal. The appeal shall contain a written statement of the reasons for which the appellant claims the final decision is erroneous."

(Please provide a justification statement in the area provided, specifying the nature and grounds of the appeal - use additional paper if necessary.)

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

Signature of Applicant/Agent

Date