

INTER-OFFICE CORRESPONDENCE
RECOMMENDATION FORM

TO: Director, Office of Planning

Attention: Development Review Division
Jefferson Building
105 West Chesapeake Avenue, Room 101
Towson, MD 21204
Mail Stop 3402

Building Permit No. B _____
Zoning Office Reviewer _____
Use Permit #: UA-20 _____ - _____ - UL

FROM: Director
Department of Permits, Approvals and Inspections

Residential Processing Fee Paid (\$100.00)
Accepted by _____
Date _____

RE: Undersized Lots

Pursuant to Section 304.2 (Baltimore County Zoning Regulations) effective June 25, 1992, the Zoning Review Office of PAI is requesting recommendations and comments from the Office of Planning prior to Zoning Review Office approval of a residential building permit.

MINIMUM APPLICANT SUPPLIED INFORMATION:

Name of Applicant(s) _____
Applicant's Mailing Address _____
Applicant's Telephone Number () _____ Applicant's Email Address _____
Lot Address _____ Election District _____ Council District _____ Lot Square Feet _____
Lot Location: N E S W/side of _____, _____ feet/at corner of N E S W/of/side of _____
(Street Name) (# of feet) (Street Name)

Land Owner(s): _____ 10 Digit Tax Account Number _____
Owner's Mailing Address: _____
Owner's Telephone Number () _____ Owner's Email Address _____

CHECKLIST OF MATERIALS (to be submitted at the filing appointment for design review by the Office of Planning)

APPLICANT MUST PROVIDE 1 through 6

	Planner Acceptance Check Off	
	YES	NO
1. This Recommendation Form (3 copies)	_____	_____
2. Permit Application	_____	_____
3. Site Plan Property (3 copies)	_____	_____
4. Building Elevation Drawings	_____	_____
5. Photographs (please label all photos clearly) Adjoining Buildings	_____	_____
Surrounding Neighborhood	_____	_____
6. Current Zoning Classification: _____		

TO BE FILLED IN BY THE OFFICE OF PLANNING ONLY!

RECOMMENDATIONS / COMMENTS:

Approval Disapproval Approval conditioned on required modifications of the application to conform with the following recommendations:

Signed by: _____
For the Director, Office of Planning

Date: _____

SCHEDULED DATES, CERTIFICATE OF FILING AND POSTING FOR A BUILDING PERMIT APPLICATION PURSUANT TO SECTION 304.2

**Department of Permits, Approvals and Inspections
County Office Building
111 West Chesapeake Avenue
Towson, Maryland 21204
410-887-3391**

The review application for your proposed Building Permit has been reviewed and is accepted for filing

by _____ on _____.
(Name of planner) Date (A)

A sign indicating the proposed building/development must be posted on the property for fifteen (15) days before a decision can be rendered. The cost of filing is \$100.00. The applicant is responsible for the posting and costs. An approved sign poster must be used. The fee is subject to change. Confirm all current fees prior to filing the application.

The Planning Office decision can be expected within approximately four weeks. However, if a valid hearing demand is received by the closing date, then the decision shall only be rendered after the required public special hearing.

*Suggested Posting Date _____ D (15 days before C)

Date Posted _____

Hearing Requested -- Yes _____ No _____ - Date _____

Closing Day (Last Day for Hearing Demand) _____ C (B - 3 Work Days)

Tentative Decision Date _____ B (A + 30 Days)

*Usually within 15 days of filing

Date to be posted: Anytime before but no later than _____.

Request for Building and/or Use Permit.

ZONING NOTICE

BUILDING AND/OR USE PERMIT APPLICATION

ADDRESS: _____

PROPOSAL: _____

USE PERMIT #: _____

PUBLIC HEARING?

PURSUANT TO THE BALTIMORE COUNTY ZONING REGULATIONS, AN ELIGIBLE INDIVIDUAL OR GROUP MAY REQUEST A PUBLIC HEARING CONCERNING THE PROPOSAL, PROVIDED THE REQUEST FOR HEARING IS RECEIVED IN THE ZONING REVIEW OFFICE

BEFORE 4:30 PM ON: _____

THE REQUEST FOR HEARING MUST ALSO REFERENCE THE ADDRESS ON THIS SIGN. ADDITIONAL INFORMATION IS AVAILABLE AT THE DEPARTMENT OF PERMITS, APPROVALS & INSPECTIONS, ZONING REVIEW OFFICE, COUNTY OFFICE BUILDING, 111 W. CHESAPEAKE AVE, TOWSON, MD 21204
PHONE: 410-887-3391

DO NOT REMOVE THIS SIGN AND POST UNTIL DAY OF HEARING UNDER PENALTY OF LAW

HANDICAPPED ACCESSIBLE

CERTIFICATE OF POSTING

Use Permit #: UA-20 _____ - _____ - UL

Election District: _____ Council District: _____

Location of Property: _____

Posted by: _____ Date of Posting: _____

Signature: _____

Number of Signs: _____