

## APPLICATION FOR RELIEF FOR NONCONFORMING USE AND DEVELOPMENT WAIVER PURSUANT TO THE CHESAPEAKE BAY PRESERVATION ORDINANCE

1.	APPLI CANT(S):	Date		
	Name:			
	Address:			
	Telephone Number:			
	Interest In Property: Own		Rent	Lease
			Purchasing	Agen
2.	OWNER(S): (if different from	n applicant(s	))	
	Name:			
	Address:			
	Telephone Number:			
3.	LOCATION OF PROPERTY:			
	Tax Map Number:			
	Address:			
	Subdivision Name:			
		Block Num		

Date Property was Recorded:				
PROPOSED ACTIVITY OR USE: (Explain in <u>detail</u> what you want to do on the property.)				
The Zoning Administrator may grant a Nonconforming Use and Development Waiver from the Chesapeake Bay Preservation Area standard in order to permit the remodeling or alteration of, or addition to, a building or structure, which lawfully existed or November 15, 1991.				
REQUESTED WAIVER: (I dentify specific sections of the ordinance requested to be waived.)				
ATTACH CERTIFIED PLOT PLAN:				
ATTACH NON-POINT SOURCE POLLUTION LOAD: Attach pertinent calculations.				
ATTACH WATER QUALITY IMPACT ASSESSMENT: (If required by Administrator.)				
PRE-SUBMITTING CONFERENCE:				
On a conference was held between the applicant(s) and the Administrator.				

## 10. <u>SIGNATURE(S)</u>:

I hereby certify that all preceding statements and all accompanying statements submitted as part of this application are true to the best of my knowledge.

I HEREBY AUTHORIZE CITY REPRESENTATIVES TO HAVE ACCESS TO THE PROPERTY DURING REASONABLE HOURS.

Applica	ant	Applicant
 Date		Date
Owner	(if different from applicant)	Owner (if different from applicant
Date		Date
	shall become null issued.	nconforming use and development waiver and void twelve months from the date
FOR O	FFICE USE ONLY (check one)	
	_ WAI VER APPROVED AS RE	QUESTED
	_ WAIVER APPROVED WIT	TH THE FOLLOWING CONDITIONS:
-		
<u>-</u>	WAIVER DENIED	
DATE:	SIGNATURE	:
		Zoning Administrator