



**DEPARTMENT OF
PLANNING & ZONING**

110 Vincit St., Suite 104 | Centreville, MD 21617
Permits: (410) 758-4088
Email: PermitApplications@gac.org

Zoning Certificate #: _____

Date: _____

Zoning Certificate

A. Property Information

Site Address: _____ Subdivision: _____
Tax Acct #: _____ Acreage: _____ Sqft: _____ Frontage: _____ Depth: _____ Zone: _____
Tax Map #: _____ Parcel: _____ Block: _____ Section: _____ Lot: _____
Critical Area? IDA LDA RCA N/A | Type of Sewer? Public Private | Type of Water? Public Private
Property Owner's Name: _____ Owner's Mailing Address: _____
Cell #: _____ Home #: _____ Email: _____

B. Project Information

Existing Use: _____ Proposed Use: _____
Construction Cost: \$ _____ Application Fee: \$ _____ | Is this a Use Permit? Yes No | Is the property staked? Yes No
Description of Proposed Work: _____

Minimum Yard Requirements:

Front: _____ Rear: _____ Side: _____ Side St.: _____ Height: _____

C. Applicant Information

Applicant's Name: _____ Applicant's Mailing Address: _____
Cell #: _____ Work #: _____ Email: _____

D. Builder's Information

Name: _____ License #: _____ Company Address: _____
Cell #: _____ Work #: _____ Email: _____

E. Subcontractor's Information Plumber Electrician Mechanical

Name: _____ License #: _____ Company Address: _____
Cell #: _____ Work #: _____ Email: _____

Subcontractor's Information Plumber Electrician Mechanical

Name: _____ License #: _____ Company Address: _____
Cell #: _____ Work #: _____ Email: _____

Note:

Separate electrical and plumbing permits are required prior to permit being issued. The electrician and plumber must have a Queen Anne's County License. A permit under which no work has commenced within six months after issuance will expire. A permit under which work commences within six months shall be considered valid if construction is continuous.

Signature: _____
Property Owner or Authorized Agent

Print Name: _____
Property Owner or Authorized Agent

Signature: _____
Zoning Inspector

Print Name: _____
Zoning Inspector

This is to certify that this zoning certificate is granted on this date: _____. Administrator: _____