

Date: \_\_\_\_\_

Permit # \_\_\_\_\_

Fee: \_\_\_\_\_

### ZONING CERTIFICATE TOWN OF WALKERSVILLE

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Owner Name(s): \_\_\_\_\_

Address of Property: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Section #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Property ID (Tax Account #): \_\_\_\_\_

Tax map: \_\_\_\_\_ Parcel #: \_\_\_\_\_

(Note: property information is available at [www.dat.state.md.us](http://www.dat.state.md.us))

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Lot size: \_\_\_\_\_ Lot dimensions: \_\_\_\_\_

Setbacks of proposed structure from property lines: In Feet

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Left: \_\_\_\_\_

Right: \_\_\_\_\_

Number of off-street parking spaces: \_\_\_\_\_

Water supply (check one): Walkersville Town  Private well

Sewer (check one): Frederick County  Private septic

Intended use: \_\_\_\_\_

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**Residential:**

- |   |   |
|---|---|
| <input type="checkbox"/> New unit                       | <input type="checkbox"/> Addition to residence                        |
| <input type="checkbox"/> Deck                           | <input type="checkbox"/> Accessory building/shed (size _____ sq. ft.) |
| <input type="checkbox"/> Swimming Pool (depth) _____    | <input type="checkbox"/> Fence (height _____ ft.)                     |
| <input type="checkbox"/> Home occupation                | <input type="checkbox"/> Interior renovation/alteration               |
| <input type="checkbox"/> Screen porch                   | <input type="checkbox"/> Solar panels                                 |
| <input type="checkbox"/> Propane tank (size: _____ gal) | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Sign (size _____ sq. ft.)      |   |

Approximate cost of construction: \_\_\_\_\_

For office use only:  
Frederick County A/P#: \_\_\_\_\_

Action:  
Date: \_\_\_\_\_

Commercial / Office / Industrial / Institutional / Other nonresidential:

\_\_\_\_\_ New \_\_\_\_\_ Addition \_\_\_\_\_ Change of use \_\_\_\_\_ Sign  
\_\_\_\_\_ Other: \_\_\_\_\_

Approximate cost of construction: \_\_\_\_\_

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The applicant hereby certifies and agrees as follows:

- (1) that he/she is authorized to make this application;
- (2) that the information is correct;
- (3) that he/she will comply with all regulations of this Town, which are applicable hereto;
- (4) that he/she will perform no work on the above property not specifically described in this application.

Any change without approval of the agencies shall be sufficient grounds for the disapproval of a permit.

Note: this permit expires one year from the date of approval.

This permit does not exclude the applicant from acquiring the other State and Local permits necessary to starting construction.

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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For Town staff use only:

Zoning District, applicable sections of Ordinance: \_\_\_\_\_

Town Zoning Certificate number: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Susan J. Hauver, Planning and Zoning Administrator

Date: \_\_\_\_\_

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Other permits required:

\_\_\_\_\_ Frederick County building/plumbing/electrical permit

For referral to/approval by \_\_\_\_\_ Frederick County permits office \_\_\_\_\_ Frederick County Health Dept \_\_\_\_\_ Frederick County Water & Sewer (for sewer) \_\_\_\_\_ Frederick County Public Works (for driveway on a County road) \_\_\_\_\_ State Highway Administration (for driveway on State road)

For office use only:  
Frederick County A/P#: \_\_\_\_\_

Action:  
Date: