



CITY OF HAGERSTOWN, MARYLAND

Planning & Code Administration Department

ZONING CERTIFICATE REQUEST FORM – STANDARD FORM

Submittal Requirements:

- Original Application
- Filing fee (please consult current fee schedule)

PROPERTY OWNER INFORMATION

Name: _____

Property Address: _____

TENANT/BUSINESS OWNER INFORMATION

Name of Business: _____

Tenant Mailing Address: _____

Phone Number: _____

Email Address: _____

MOST RECENT USE *(if known)*

DESCRIPTION OF INTENDED USE *(ie. Office, Restaurant, Retail, Beauty/Barber Shop, Treatment Center, etc.)*

PLANS TO MODIFY THE LEASE SPACE *(ie. Electrical, Mechanical, Building, Plumbing, etc.)*

Tenant Signature: _____

Date: _____

Property Owner Signature: _____

Date: _____



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PLANNING AND CODE ADMINISTRATION DEPARTMENT USE ONLY

APPLICATION NO:

ZONING DISTRICT & OVERLAY *(if applicable)*:

TYPE OF USE:

- This use conforms to the provisions of the zoning ordinance and is a LEGAL USE.
- This use is a LAWFUL NONCONFORMING USE.
- This use is IN VIOLATION of the zoning ordinance.

PERMIT AND REVIEW STATUS:

- Open Permits _____
- Permit Needed _____
- Condemned or Other Property Restrictions _____
- Historic District Commission Review _____
- Fire Department Warnings _____
- Vacant More Than 1 Year _____

INSPECTIONS REQUIRED:

- Code _____
- Fire Marshal _____

COMMENTS/CONDITIONS:

Zoning Administrator

Date