



101 S. MAIN ST, GALENA, MARYLAND 21635
 410.648.5151
 info@townofgalena.com
 www.townofgalena.com

RE-ZONING APPLICATION

OWNER _____ REPRESENTATIVE _____

| PART I. APPLICANT/ PROPERTY/ OWNER INFORMATION | | | |
|--|-------------------------|---------------|--------------|
| PERMIT NUMBER: RZ20 - | FEES: \$1,500 | TODAY'S DATE: | ACCEPTED BY: |
| APPLICANT/BUSINESS OWNER NAME: | | PHONE: | |
| APPLICANT ADDRESS: | | EMAIL: | |
| | | | |

| PART II. PROPERTY INFORMATION <i>Please Print Legibly</i> | | | |
|--|------------------|--|-------------------|
| NAME: | | PHONE: | |
| ADDRESS: | | EMAIL: | |
| SITE ADDRESS: | GALENA, MD 21635 | TAX MAP: | PARCEL: LOT/UNIT: |
| DEED REFERENCE FOLIO: | LIBER: | BLOCK # | |
| PRESENT ZONING CLASSIFICATION: <input type="radio"/> R1 <input type="radio"/> R2 <input type="radio"/> C1 <input type="radio"/> C2 <input type="radio"/> I | | REQUESTED ZONING CLASSIFICATION: <input type="radio"/> R1 <input type="radio"/> R2 <input type="radio"/> C1 <input type="radio"/> C2 <input type="radio"/> I | |
| PRESENT CRITICAL AREA LAND USE DESIGNATION: | | | |
| REQUESTED CRITICAL AREA LAND USE DESIGNATION: | | | |
| EXISTING USE OF PROPERTY: | | | |
| | | | |
| PROPOSED USE OF PROPERTY: | | | |
| HAS THERE BEEN A PREVIOUS ZONING CHANGE ON THIS PROPERTY? IF YES, EXPLAIN | | | |
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| PROPOSED TIME SCHEDULE FOR DEVELOPMENT: | | | |
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| PROBLEM AREAS: EXPLAIN ANY PROBLEM AREAS AND PROPOSALS TO CORRECT THOSE AREAS: | | | |
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PART III. REASON FOR RE-ZONING REQUEST (ATTACH ADDITIONAL SHEETS IF NECESSARY)

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| PERMIT NUMBER: RZ20 - | STATE IN DETAIL THE REASON FOR THE REQUEST TO HAVE THE ZONING DESIGNATION AMENDED: |
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PART IV. FINDINGS FOR RE-ZONING REQUEST (ATTACH ADDITIONAL SHEETS IF NECESSARY)

A-1) WHAT MISTAKE IN THE COMPREHENSIVE RE-ZONING OF SEPTEMBER 26, 2022 WOULD MAKE THE PASSAGE OF THIS AMENDMENT NECESSARY?

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A-2) CHESAPEAKE BAY CRITICAL AREA LAND USE DESIGNATION CHANGES: WHAT MISTAKE IN THE CRITICAL AREA LAND USE DESIGNATION OF SEPTEMBER 26, 2022 WOULD MAKE THE PASSAGE OF THIS AMENDMENT NECESSARY?

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B-1) THE LOCAL LEGISLATIVE BODY MAY CONSIDER SUBSTANTIAL CHANGE IN THE CHARACTER OF THE NEIGHBORHOOD. DESCRIBE IN DETAIL AND ATTACH A MAP THAT DEFINES THE NEIGHBORHOOD YOU WILL BE REFERRING TO IN YOUR APPLICATION

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B-2) WHAT SUBSTANTIAL CHANGES IN THE CHARACTER OF THE "NEIGHBORHOOD" HAVE THERE BEEN SINCE THE COMPREHENSIVE RE-ZONING OF SEPTEMBER 26, 2022 TO JUSTIFY THE RE-ZONING OF THIS PROPERTY?

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B-3) PROVIDE DATA REGARDING THE POPULATION CHANGE:

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B-4) STATE THE AVAILABILITY OF PUBLIC FACILITIES:

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B-5) DESCRIBE THE PRESENT AND FUTURE TRANSPORTATION PATTERNS:

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B-6) DESCRIBE THE COMPATIBILITY WITH EXISTING AND PROPOSED DEVELOPMENT FOR THE AREA:

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B-7) DESCRIBE THE RELATIONSHIP OF THE PROPOSED AMENDMENT TO THE TOWN'S COMPREHENSIVE PLAN:

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B-8) OTHER FACTORS WHICH YOU BELIEVE SHOULD BE CONSIDERED:

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| PERMIT NUMBER: RZ20 - | LIST THE NAMES AND ADDRESSES OF ALL APPLICANTS: ATTACH ADDITIONAL SHEETS IF NECESSARY (PRINT CLEARLY) |
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CERTIFICATION – SIGNATURES

I/WE CERTIFY THAT THE INFORMATION, EXHIBITS AND ATTACHMENTS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

| 1. APPLICANT | | |
|---------------------|----------------|-------|
| NAME | ADDRESS | PHONE |
| EMAIL | | |
| APPLICANT SIGNATURE | APPLICANT DATE | |

| 2. APPLICANT | | |
|---------------------|----------------|-------|
| NAME | ADDRESS | PHONE |
| EMAIL | | |
| APPLICANT SIGNATURE | APPLICANT DATE | |

| 3. APPLICANT | | |
|---------------------|---------|-------|
| NAME | ADDRESS | PHONE |
| EMAIL | | |
| APPLICANT SIGNATURE | DATE | |

| 1. OWNER | | |
|---------------------|----------------|-------|
| NAME | ADDRESS | PHONE |
| EMAIL | | |
| APPLICANT SIGNATURE | APPLICANT DATE | |

| 2. OWNER | | |
|---------------------|---------|-------|
| NAME | ADDRESS | PHONE |
| EMAIL | | |
| APPLICANT SIGNATURE | DATE | |

| 3. OWNER | | |
|---------------------|----------------|-------|
| NAME | ADDRESS | PHONE |
| EMAIL | | |
| APPLICANT SIGNATURE | APPLICANT DATE | |