



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

CERTIFICATE OF OCCUPANCY

HOME R1 R2
 COMMERCIAL C1 C2 I

APPLICANT/ PROPERTY/ OWNER INFORMATION

PERMIT NUMBER: 20 -	FEES:	TODAY'S DATE:	ACCEPTED BY:	
APPLICANT/BUSINESS OWNER NAME:		PHONE:		
APPLICANT ADDRESS:		EMAIL:		
PROPERTY OWNER NAME:		PHONE:		
PROPERTY OWNER ADDRESS:		EMAIL:		
SITE ADDRESS:	GALENA, MD 21635	TAX MAP: 300	PARCEL:	LOT/UNIT:
RENTAL PROPERTY? <input type="radio"/> Y <input type="radio"/> N		SUBD:		
SQ FT OF BUSINESS/BLDG/LOCATION:				

PROPOSED PLAN AND DESCRIPTION OF STRUCTURE

Please be specific, only uses that are outlined by the applicant in this section will be permitted.)

<input type="checkbox"/> ASSEMBLY CHURCH, THEATER, ETC.	<input type="checkbox"/> HEALTHCARE CLINIC, HOSPITAL, NURSING HOME, ETC.
<input type="checkbox"/> BUSINESS PROFESSIONAL OFFICE SPACE	<input type="checkbox"/> RETAIL ANTIQUE SHOP, GIFT, CLOTHING, FLORIST, ETC.
<input type="checkbox"/> EDUCATION SCHOOLDAYCARE, ETC.	<input type="checkbox"/> TEMPORARY ITINERANT, SEASONAL, ETC.
<input type="checkbox"/> FACTORY INDUSTRIAL, MANUFACTURING, WAREHOUSE, ETC.	<input type="checkbox"/> FOOD SPECIALTY, COFFEE, BAKERY, ICE CREAM, CAFE, RESTAURANT, ETC.
<input type="checkbox"/> OTHER	<input type="checkbox"/> HAZARDOUS FUEL STATION, CHEMICAL STORAGE, ETC.
DAYS OF OPERATION:	HOURS OF OPERATION:
<input type="checkbox"/> HOME TYPE/DESCRIPTION:	

NEW BUSINESS INFORMATION (IF APPLICABLE)

NEW BUSINESS NAME:

RESTAURANT ONLY:

ALCOHOL BEVERAGE LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPOSED SEATING CAPACITY:
PARKING PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please indicate where occupants/patrons will park:</i>	
<i>How many parking spaces have been designated for your home/business?</i>	
<i>Will signs be used in conjunction with the new business?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, a Sign Permit is required.</i>	
<i>Will Grand Opening signs be used in conjunction with the new business?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, a temporary permit is required. ?</i>	
<i>Will there be any outdoor storage activity associated with your business?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please attach a description of proposed outdoor storage/activity.</i>	
<i>Will the use require county, state, or federal permits?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	

SITE SKETCH REQUIREMENTS

Site Sketch: Show street names, lot dimensions, exact location and size of proposed and existing structure(s) location and width of existing and/or proposed driveways, distance to adjacent buildings (if any). Label existing use and intended use of each building. ATTACH a photo of the site.

Applicant/Agent's Signature: _____ Date: _____

Applicant hereby agrees to comply with all regulations applicable hereto and further agrees that any misstatements or misrepresentation of facts or any other change within the approval of the agencies concerned shall constitute sufficient grounds for denial for the permit.



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STAFF ONLY

Is Proposed Use Permitted?

- Yes, by right*
- Yes, by special exception*
- Yes, as a continued, non-conforming use*
- No*

Section of Ordinance that permits this use: _____

Planning Commission approval required for this use? YES / NO

Board of Appeals approval required for this use? YES / NO

If yes, when was approval granted? _____

Do any of the following regulations apply?

- Parking requirements*

Approval is applicable to the use outlined on this application and the attached approval letter from the Town of Galena.

It shall be noted that the use shall not be converted or changed from what was submitted on original application without prior authorization from the Town of Galena and the Kent County Department of Permits and Inspections.

Sign Installation: No signs shall be installed to advertise this business without first obtaining an approved sign authorization from the Town of Galena.

Zoning Coordinator

Date

Additional Notes: