



**MAYOR AND CITY COUNCIL OF LAUREL
DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT**

8103 Sandy Spring Road • Laurel, Maryland 20707 • (301) 725-5300
Internet Address <http://www.cityoflaurel.org> • E-mail: ecd@laurel.md.us

Date Filed: _____
Energov No.: _____
Application No.: _____
Planner: _____
Zoning Sign: _____
BOA Hearing: _____
BOA Decision: _____
Resolution No.: _____

APPEAL APPLICATION

APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY.

The City of Laurel Board of Appeals is empowered to hear appeals and render decisions for determinations made by staff, the City of Laurel Planning Commission, and/or the City of Laurel Historic District Commission. Any Board decision may be appealed in Circuit Court.

1. SUBJECT PROPERTY

Project Name: _____

Street Address: _____

Zoning: _____ Lot: _____ Block: _____

Subdivision Name: _____

Tax Identification No.: _____

2. APPLICANT

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

3. PROPERTY OWNER (IF DIFFERENT FROM APPLICANT)

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

4. ATTORNEY/LEGAL REPRESENTATION

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

5. APPEAL DESCRIPTION NARRATIVE

Describe the determination or decision being appealed, including the date and type of determination, permit and application numbers, and other pertinent information. If more space is required, attach additional pages or a separate "Statement of Justification" may be submitted with the application. (Sec. 20-5.10 Unified Land Development Code)

*****The applicant is responsible for providing a copy of the application and all supporting documents at the time of application submittal*****

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT

Signature: _____

Date: _____

Print Name _____

PROPERTY OWNER (Required if different than applicant)

Signature: _____

Date: _____

Print Name _____

<u>Fees</u> (see separate schedule)	<u>Amount</u>	<u>Account #</u>
Filing Fee		10-43105
<u>Total:</u>		

*Check fee schedule for fee

All materials and fees are due at time of submittal. Once staff reviews all documents, you will be invoiced for payment.