



**St. Mary's County Department of Land Use and Growth Management**  
 23150 Leonard Hall Drive, Leonardtown, Md. 20650  
 Phone (301) 475-4200, ext. 1500 Fax (301) 475-4672  
**BOARD OF APPEALS / ADMINISTRATIVE VARIANCE**  
**APPLICATION**



**INSTRUCTIONS TO APPLICANT:**

Please complete the information below prior to Board of Appeals submission. This application will be required in order to accept and process your submission. All application materials must be folded or of a size which will fit into a standard legal folder.

CONTROL NUMBER: \_\_\_\_\_ (To be completed by LUGM personnel)

PROJECT NAME: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

AGENT (if other than property owner): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PROPERTY LOCATION (Address, if known. Otherwise, describe location as N-S-E-W side of (Street Name), approx. (feet) N-S-E-W of Intersection with State/County Road): \_\_\_\_\_

**PARCEL IDENTIFICATION:** TAX MAP: \_\_\_\_\_ BLOCK: \_\_\_\_\_ PARCEL: \_\_\_\_\_ LOT \_\_\_\_\_

ZONING: \_\_\_\_\_ ACREAGE: \_\_\_\_\_ ELECTION DISTRICT: \_\_\_\_\_ ADC MAP: \_\_\_\_\_ GRID: \_\_\_\_\_

**ACTION REQUESTED:** (Check appropriate block)

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative Variance            | <input type="checkbox"/> Critical Area Administrative Variance   |
| <input type="checkbox"/> Variance                           | <input type="checkbox"/> Critical Area Variance                  |
| <input type="checkbox"/> Area _____                         | <input type="checkbox"/> Encroachment in 100' buffer _____       |
| <input type="checkbox"/> Bulk _____                         | <input type="checkbox"/> Increase of Impervious Surface of _____ |
| <input type="checkbox"/> Density _____                      | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Other _____                        |  |
| <input type="checkbox"/> Appeal of Administrator's Decision | <input type="checkbox"/> Conditional Use Approval                |

Please describe requested action: \_\_\_\_\_

**(OVER)**

**APPLICATION SUBMISSION REQUIREMENTS:**

Pre-Application Conference Held with \_\_\_\_\_ on \_\_\_\_\_.  
(staff) (date)

- Letter of Intent addressing standards
- Deed/Contract of Sale
- Non-CA Site Plan/Plot Plan  
12 Prints – BOA  
3 Prints - Administrative

- Critical Area Site Plan/Plot Plan  
14 Prints – BOA  
3 Prints - Administrative

- Signed Planting Agreement
- Denied Building Permit/Zoning Permit
- ADC Location Map**

<b>Review Fees</b>	
<input type="checkbox"/> Conditional Use	\$750 + \$50 Advertising Fee
<input type="checkbox"/> Variance/Critical Area Variance	\$500 + \$50 Advertising Fee
<input type="checkbox"/> *Appeal	\$340 + \$50 Advertising Fee
<input type="checkbox"/> Administrative Variance – All	\$500 + \$50 Advertising Fee
<input type="checkbox"/> Expansion of Non-Conforming Use Resubmissions/Revisions	\$670 + \$50 Advertising Fee \$20 each

- Agency Approvals Received**
- \_\_\_\_\_ Health Department
  - \_\_\_\_\_ Soil Conservation District
  - \_\_\_\_\_ Critical Area Comments
  - \_\_\_\_\_ DPWT (if applicable)

Other fees may apply. See the St. Mary's County User Fee Schedule, effective July 1, 2005.

Please show topography on all Critical Area Site Plans.

**\*APPEALS:** Pursuant to Section 23.1.2 of the Comprehensive Zoning Ordinance an appeal shall be taken within 30 days of the date of the action being appealed by filing an application for Board of Appeals review with the Department of Land Use and Growth Management. An application for appeal **shall identify with specificity all grounds for the appeal**. Please state in detail your grounds for appeal. Please provide a separate written Notice of Appeal, if more space is needed.

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- I hereby swear or affirm that I have the authority from the property owner to make this application and that this application is correct.
- I hereby swear or affirm that I am the property owner and that this application is correct.

**Staff and Board members are hereby authorized to enter the site to view the particulars of the application.**

**PROPERTY OWNER/AUTHORIZED AGENT'S SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I prefer all correspondence to be sent (circle one) **U.S. Mail/Emailed/Faxed** (Fax #) \_\_\_\_\_