CITY OF BRUNSWICK

1 W. Potomac Street • Brunswick, Maryland 21716 • (301) 834-7500

FOR CITY USE ONLY

Call for Pickup ☐

Mail ☐

Delivered in Person ☐

Zoning Certificate

Applicant:_____

Property Owner: _____

Property Address: _____ Phone: _____

Mailing Address_____

(If box checked above, Zoning Certificate will be mailed to the Mailing Address given)

Assessment I.D. #: _____ Zoning District: _____

Tax Map / Parcel / Lot #:_____

Proposed Improvements / Changes to Property or Proposed New Use of Property / Detailed Explanation: (can be attached on a separate sheet of paper)

_____

_____

_____

_____

Do you need a Temporary Dumpster? Yes ☐ (Complete a Temporary Dumpster application) No ☐

_____

Signature of Applicant Date

OFFICE USE ONLY:

ZC#:_____ Fee Paid / Date: _____

Issued By: _____ Date:_____

Conditions: _____

_____

_____

_____

(Rev. 05/09)