THE
CITY OF BRUNSWICK
MARYLAND
1 WEST POTOMAC STREET · BRUNSWICK, MARYLAND 21716 · (301) 834-7500

ZONING CERTIFICATE

Applicant _____ Phone_____

Property Owner _____

Property Address _____

Mailing Address _____E-mail_____
(All mailed Zoning Certificates will go to the mailing address)

Assessment ID # 25- _____ Tax Map_____Parcel_____Lot_____ Zone _____

Proposed improvement or changes to property. Include as much detail as possible; use a separate sheet of paper if a sketch is required. _____ A separate list of requested resources is attached.

_____

_____

_____

_____
Signature of Applicant Date

Office Use Only

BR-ZC- _____ Fee Paid _____ Date _____ Issued by _____

Conditions: _____

_____

_____

_____

cc: DPW ____ Police ____ Other _____

Is a temporary dumpster required? _____No ____ Yes (Complete a Temporary Dumpster Application)