



THE CITY OF BRUNSWICK MARYLAND

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

ZONING CERTIFICATE APPLICATION

Applicant Name: _____

Phone Number: _____

Email Address: _____

Name of Property Owner: _____

Property Address: _____

Mailing Address: _____

(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. **Note: All applications for a fence require a sketch with dimensions.*

Please check if 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: _____