



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

8103 Sandy Spring Road • Laurel, Maryland 20707 • (301) 725-5300
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Date Filed: _____
EnergovNo: _____
Planner: _____
Zoning Sign: _____
PC Hearing: _____
PC Decision: _____
Resolution No.: _____

DETERMINATION OF SUBSTANTIAL CHANGE

APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY. APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS IN THE CHECKLISTS ARE ADDRESSED.*



RESIDENTIAL



COMMERCIAL/INDUSTRIAL

*Check all that apply.

1. SUBJECT PROPERTY

Subdivision Name: _____

Street Address/Location: _____

Acreage: _____ # of Lots: _____ Zoning: _____

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. ENGINEER/SURVEYOR

Name: _____

Street Address: _____ Suite No.: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

5. PROJECT DESCRIPTION NARRATIVE
Describe the project/subdivision requested.

6. SUBMISSION CHECKLIST

The following items MUST be included.

1. STATEMENT OF JUSTIFICATION addressing the criteria listed in Section 20-21.1 of the Unified Land Development Code (see "Criteria for Granting Special Exceptions" below)
2. PROPOSED SITE PLAN OR SURVEY PLAT including both existing and proposed structures with setbacks, exterior elevations of proposed structures, and a description of any proposed use. Plans must be scaled; preferred scale is 1" = 30'

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 (if different than applicant)

Signature: _____

Date: _____

Print Name: _____

Fees (see separate schedule)	Amount	Account #
Filing Fee	\$300.00	10-43105
Zoning Sign	\$30.00	10-43105
Total:		