



Town of Sykesville

7547 Main Street, Sykesville, MD 21784

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townofsykesville.org

APPLICATION FOR ZONING CERTIFICATE

Town Permit No.: _____ Date Issued: _____

Certificate Fee: _____ Date Paid: _____

Project Name: _____

LOCATION INFORMATION

Address: _____

Survey Name & Abstract No. or Subdivision Name: _____

Lot No.: _____

Section No.: _____

Plat No.: _____

Tax Map No.: _____

Block No.: _____

Parcel No.: _____

Zoning District: _____

Liber/Folia: _____

Acreage/Lot Size: _____

OWNER\CONTRACTOR INFORMATION

Property Owner(s): _____ Phone: _____

Property Owner(s) Address: _____

Applicant Name: _____ Phone: _____

Applicant Address: _____

Contractor's Trade Name: _____

Contractor's Name: _____ Phone: _____

Contractor's Address: _____

Contractor's Maryland State License No.: _____

Contractor's Home Improvement License No.: _____

Submittal Type

Signage: _____ Concept/Site Plan: _____

Annexation: _____ Shed (less than 150 sq. ft.) _____

Other: _____

Description of Work: _____

CAUTION: I have carefully examined and read the application and know the same is true and correct, and that in doing this work, all provisions of the Town Regulations will be complied with, whether herein specified or not.

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____
Town Manager/Zoning Administrator