



**Town of Sharpsburg  
Office of the Zoning Administrator**

106 E. Main Street, PO Box 368  
Sharpsburg, MD 21782

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**ZONING MAP AMENDMENT APPLICATION**

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For Office Use:

Date Received: \_\_\_\_\_  
Submittal Review Fee \$ \_\_\_\_\_  
File No \_\_\_\_\_  
Staff Initials \_\_\_\_\_

**Owner/Applicant Information:**  
Applicant's Name/Contact Person

Address, City, State & Zip Code

Phone Number/Facsimile Number

**Property Information:**

Tax Map/Parcel No      Acreage      Current Zoning      Proposed Zoning

**ATTACH TO THIS APPLICATION**

1. A narrative that explains briefly the following items:
  - a. Population Changes in the area of the proposed amendment
  - b. Availability of public facilities such as police and fire protection, and water and sewerage to serve in the area
  - c. Present and Future transportation patterns of the area
  - d. Compatibility with existing and proposed development of the area
2. An analysis of how the proposed amendment conforms to the principles found within the Comprehensive Plan
3. A survey showing the surrounding properties with the current and proposed Zoning Designations

I hereby attest that the information provided on and attached to this application is complete and accurate. I am also aware that additional advertising costs will be billed to me at a later date.

Signature of Applicant

Date

Signature of Owner (required if other than applicant)

Date

**Submittal Requirements:**

- 12 Copies of the Required Attachments       \$600 Fee Check Payable to the Town of Sharpsburg