



**Town of Easton**  
**Department of Planning & Zoning**

14 South Harrison Street, Easton Maryland 21601

410.822.1943

[www.eastonmd.gov](http://www.eastonmd.gov)

**Board of Zoning Appeals Application**

| Application Type     |                          |                      |                            |                            |
|----------------------|--------------------------|----------------------|----------------------------|----------------------------|
| Variance             | <input type="checkbox"/> | Appeal               | <input type="checkbox"/>   |                            |
| Special Exception    | <input type="checkbox"/> |                      |                            |                            |
| Property Information |                          |                      |                            |                            |
| Address              | <input type="text"/>     |                      |                            |                            |
| Tax Map              | <input type="text"/>     | Grid                 | <input type="text"/>       |                            |
|                      |                          | Parcel               | <input type="text"/>       |                            |
|                      |                          | Lot                  | <input type="text"/>       |                            |
| Deed Reference:      | Liber                    | <input type="text"/> | Folio                      | <input type="text"/>       |
| Plat Reference:      | Liber                    | <input type="text"/> | Folio                      | <input type="text"/>       |
| Zoning District      | <input type="text"/>     | Historic District    | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| Owner                |                          |                      |                            |                            |
| Name                 | <input type="text"/>     |                      |                            |                            |
| Mailing Address      | <input type="text"/>     |                      |                            |                            |
| Telephone No.        | <input type="text"/>     | E-mail               | <input type="text"/>       |                            |
| Applicant or Agent   |                          |                      |                            |                            |
| Name                 | <input type="text"/>     |                      |                            |                            |
| Mailing Address      | <input type="text"/>     |                      |                            |                            |
| Telephone No.        | <input type="text"/>     | E-mail               | <input type="text"/>       |                            |

*Please See Reverse Side*

**Surveyor / Engineer**

Name  License No.  Exp. Date   
Mailing Address   
Telephone No.  E-mail

**Request Details**

Historic District Y  N  Subject to Previous BOZA Application Y  N

Please describe the purpose of the request being made to the Board of Appeals including all information pertinent to said request. Attach additional sheets as necessary.

- Attach five (5) copies of the recorded Deed conveying present ownership of the property.
- Attach five (5) copies of scaled plat sketch with all dimensions of lot, setbacks, improvements and the distances between any improvements, both existing and/or proposed.
- Provide all information related to any restrictions to the property recorded among the Land Records of Talbot County.
- Provide all information related to any restrictions imposed by Homeowner Associations, etc.
- Include any additional information, related to the request being made of the Board of Appeals.

***I do hereby solemnly declare and affirm that the information provided by this application and the documents attached hereto accurately represent the conditions of the request and that submission of an incomplete application will be returned for correction prior to processing.***

Signature of Applicant or Agent   
Printed Name  Date

**For Office Use Only**

|                         |                      |                        |                      |
|-------------------------|----------------------|------------------------|----------------------|
| Project Number          | <input type="text"/> | Application Fee        | <input type="text"/> |
| Application Number      | <input type="text"/> | Applicant Notification | <input type="text"/> |
| Application Filing Date | <input type="text"/> | Property Post & Sign # | <input type="text"/> |
| BOZA Hearing Date       | <input type="text"/> | Notice(s) Published    | <input type="text"/> |