

## **Town of North East, Maryland Change of Use - Procedures and Instructions**

- 1. The following must be mailed to the Office of Planning and Zoning, P.O. Box 528, North East, Maryland 21901-0528 <u>OR</u> dropped of at the Town Hall, 106 South Main Street:
  - ✓ Application
  - ✓ Floorplan
  - ✓ Fee for application \$35.00 (non-refundable Make check payable to: Town of North East)

Acceptance of Application by staff DOES NOT indicate application approval. Incomplete applications will cause delays in processing.

2. Approval: After approval is granted from the Town, applicant shall bring the Town approval letter and plans to the Cecil County Department of Permits and Inspections to obtain a County Permit prior to commencement of project or use.

## CHANGE OF USE APPLICATION - TOWN OF NORTH EAST P.O. BOX 528 / 106 SOUTH MAIN STREET NORTH EAST, MARYLAND 21901-0528 PHONE 410-287-5801 / FAX 410-287-8267

\* THIS APPLICATION IS FOR A CHANGE OF USE PART 1. APPLICANT INFORMATION Owner \_\_\_\_\_ Representative \_\_\_\_\_ APPLICANT NAME — (PLEASE PRINT CLEARLY): APPLICANT ADDRESS: TELEPHONE NUMBER: EMAIL ADDRESS: **PART 2. PROPERTY INFORMATION** PROPERTY OWNER NAME – (PLEASE PRINT CLEARLY): \_\_\_\_\_ PROPERTY OWNER ADDRESS: TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_ PART 3. NEW BUSINESS INFORMATION NAME OF NEW BUSINESS: ADDRESS OF NEW BUSINESS PROPERTY: TAX MAP # \_\_\_\_\_ PARCEL # \_\_\_\_\_ LOT # \_\_\_\_\_ SQUARE FOOTAGE TO BE UTILIZED FOR NEW BUSINESS: \_\_\_\_\_\_ EXISTING USE OF PROPERTY: **Proposed New Use:** (CHURCH, THEATER, RESTAURANT, ETC.) OTHER: ) ASSEMBLY (PROFESSIONAL OFFICE SPACE, INSURANCE OFFICE, ETC.) OTHER: ) BUSINESS ) EDUCATIONAL (SCHOOL, DAYCARE, ETC.) OTHER: ) FACTORY/ INDUSTRIAL (WAREHOUSE, MANUFACTURING, ETC.) OTHER: (FUELING STATION, CHEMICAL STORAGE, ETC.) OTHER: ) HAZARDOUS (HOSPITAL, NURSING HOME, CLINIC, ETC.) OTHER: ) HEALTHCARE (BED AND BREAKFAST, HOTEL, ETC.) OTHER: ) HOSPITALITY ) RETAIL (ANTIQUE SHOP, GIFT SHOP, CLOTHING STORE, FLORIST, ETC.) ) TEMPORARY (ITINERANT, SEASONAL, ETC.) ) HOME-BASED BUSINESS \_\_\_\_ TYPE 1 \_\_\_\_ TYPE 2

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DAYS OF OPERATION:	
HOURS OF OPERATION:	
SIGNS TO BE USED IN CONJUNCTION WITH PROPERTY?: Y	ES / NO
PROPOSED LAYOUT OF BUSINESS (Please attach a floorplan)	:
DO YOU HAVE A BUSINESS PLAN? YES / NO (If so, attach	n a copy)
SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF PROPERTY OWNER:	DATE:
FOR OFFICE USE ONLY	
IS NEW USE PERMITTED BY THIS ZONE?  ( ) Yes, by right. ( ) Yes, by special exception ( ) No	
SECTION OF ORDINANCE THAT PERMITS THIS USE:	
PLANNING COMMISSION APPROVAL REQUIRED FOR THIS US IF YES, WHEN WAS APPROVAL GRANTED?	
BOARD OF APPEALS APPROVAL REQUIRED FOR THIS USE? IF YES, WHEN WAS APPROVAL GRANTED?	·
DO ANY OF THE FOLLOWING RESTRICTIONS APPLY?:	
<ul><li>( ) Floodplain</li><li>( ) Critical Area</li><li>( ) Infill</li><li>( ) parking requirements</li></ul>	
TOWN APPROVAL	DATE