



DPZ Office Use only:
Case No
Date Filed

**Administrative Adjustment to the District Map Line
 For Drafting Errors and Other Corrections**

Proposed District Map Line Adjustment

Describe the Lot Line, Road, River or other clear boundary:

Describe the Drafting Errors, or improved evidence information:

Petitioner Information

Petitioner's Name:

Address

Phone No. (W)

(H)

Email Address:

Counsel for Petitioner:

Counsel's Phone No.

Email Address:

Property Identification

Address of Subject Property:

Total Acreage of Property:

Election District:

Zoning District:

Tax Map #

Grid

Parcel

Lot

Subdivision Name:

Petitioner's Interest in Subject Property:

Owner (including joint ownership)

Owner's Authorization attached (If petitioner is not the owner)

Administrative Adjustment Plan

- All plans must be folded to approximately 8 1/2 x 14 inches. The plan must be drawn to scale and must include the items listed below:

Courses and distances of property lines

Size of property

North arrow

Scale of plan

- Zoning of subject property and adjoining properties
- Tax map, parcel and lot number of subject property
- Existing and proposed zoning district map lines
- The lot line, road, river or other boundary noted in 5.a. above
- Existing uses, structures, and natural features
- Any other information as may be necessary for full and proper consideration of the petition

Materials, Fees, Posting and Advertising

- **The original plus two (2) copies of this petition**, all supplemental pages or reports, and the required plans must be submitted.
- The undersigned agrees to pay all costs in accordance with the current schedule of fees. The fee is **\$615.00 plus \$25.00** for a poster. The undersigned also agrees to properly post the property at least 15 days immediately prior to the hearing, to maintain the posters as required, and to submit an affidavit of posting at the time of the hearing.

Signatures

The undersigned hereby affirms that all of the statements and information contained in, or filed with, this petition are true and correct.

The undersigned has read the instructions on this form, filing herewith all of the required accompanying information.

Signature of Petitioner

Signature of Attorney

For DPZ office use only:

(Make checks payable to the "Director of Finance")

County Website: www.howardcountymd.gov

Hearing fee: \$ Poster fee: \$ Total: \$ Receipt No.

County Website: www.howardcountymd.gov

NOTE: No appointment is needed to submit this application and payment of fees is not due until a hearing date is set and you are notified.