



**Howard County Department of Planning and Zoning**

3430 Courthouse Drive, Ellicott City, MD 21043, 410-313-2350, 410-313-3042 (FAX)

**Route 1 Manual Alternative Compliance Request**

Date \_\_\_\_\_ DPZ File Number \_\_\_\_\_  
Subdivision Name/Property Identification \_\_\_\_\_  
Address or Road Name \_\_\_\_\_

The Route 1 Manual allows for alternative compliance to the requirements of the Manual. If the Department of Planning and Zoning (DPZ) finds extraordinary hardships or practical difficulties with strict compliance with the requirements of the Manual, or if the Department determines that the purposes of the Manual may be better served by an alternate proposal, then a modification to the requirements of the Manual may be granted. Applicants seeking modifications to the Manual’s requirements shall submit this form specifying the section of the Manual they propose to fulfill through alternative compliance.

**Request**

List Chapter, Section and Requirement Number of the Route 1 Manual for which alternate compliance is requested. If more than one request, list each one separately. Add more sheets if necessary.

**Justification**

All alternative compliance requests must be justified by the applicant. Incomplete or inadequate justification may result in rejection of the application. Justification must be specific to the subject property. The justification provided by the applicant should include all factors which rationalize or substantiate the request. The request must demonstrate that:

- 1. Strict compliance with the requirements is not feasible or practical or
- 2. An attractive alternate means of compliance is beneficial or preferred and
- 3. Any perceived hardship is not self-created.

Summarize any extraordinary hardships or practical difficulties which may result from strict compliance with the requirements of the Manual. Verify that the intent of the Manual will be served to a greater extent through implementation of the alternative compliance. If more than one request, list the justification for each separately. Add more sheets if necessary.

Signature of Property Owner \_\_\_\_\_  
Name of Property Owner \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone \_\_\_\_\_

Signature of Request Preparer \_\_\_\_\_  
Name of Preparer \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_

**DCCP's Recommendation:**

Approve     Deny    Signature \_\_\_\_\_ Date \_\_\_\_\_

**DPZ Director's Action:**

Approve     Deny    Signature \_\_\_\_\_ Date \_\_\_\_\_

DPZ Conditions of Alternate Compliance:

If approved, applicant must place note listing Alternative Compliance Request and approval date in General Notes on cover sheet of plans.