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**EASTON BOARD OF ZONING APPEALS**  
**Easton, Maryland**

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*For Office Use:*

Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Hearing Date: \_\_\_\_\_  
Applicant's Notified: \_\_\_\_\_ Property Posted: \_\_\_\_\_ Notice Published: \_\_\_\_\_  
Decision of Board: \_\_\_\_\_ Applicant (s) Notified of Decision: \_\_\_\_\_

**Pursuant to the Easton Zoning Ordinance request is hereby made for: (Check One)**

- ( ) **Variation** from strict application of said Ordinance Section of Ordinance from which relief is sought \_\_\_\_\_
- ( ) **Appeal** from Building Inspector/Easton Planning & Zoning Commission/Town Planner **(Circle One)**
- ( ) **Special Exception** Specific use applied for (as listed on Table 5.1 of the Zoning Ordinance) \_\_\_\_\_

Location of property: \_\_\_\_\_

Present Zoning of Property: \_\_\_\_\_

Owner (s) of Property: \_\_\_\_\_

Address of Owners: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant (If other than owner): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please attach seven (7) copies of, sketch drawn to scale with all dimensions of lot and building thereon, distances between building and property lines, bounding street or road names, contiguous and opposite properties with names of owners, North point and scale.

Has property ever been subject of previous application?

In the event that this property has been the subject of a previous application, please provide the following information (Note: this information is on file in the Town Office):

Previous application number and date: \_\_\_\_\_

Action taken on previous application: \_\_\_\_\_

Purpose of Application: (Describe variance requested or alleged error. If Special Exception requested state fully the kind of exception desired and reasons therefor. Attach additional sheets if necessary.)

In the event that the Applicant is a person other than the Owner of the subject property, give an explanation of the Applicant's interest in said property and attach hereto a statement by the actual Owner stating whether or not said Owner supports this application.

List the name, address and telephone number of any agent, attorney, or attorney-in-fact who will be representing the Applicant. If the Applicant is represented by an agent or attorney-in-fact, attach hereto documentary evidence that the Applicant is so represented (i.e. a copy of the Power of Attorney or a statement of agency.)

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Attach hereto four (4) copies of the Deed conveying present ownership of the property which has been duly recorded among the Land Records of Talbot County, Maryland (a copy may be obtained from the office of the Clerk of Court if not otherwise available). If there are any restrictions attached to the deed of the property subject to this application, please advise the Board thereof.

### AFFIDAVIT

I do hereby solemnly declare and affirm under the penalties of perjury that the information provided and the sketch shown in this application as well as the documents attached to this application are true, correct and genuine to the best of my knowledge, information and belief.

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Signature of Applicant (s) and/or  
Attorney-in-fact for Applicant.

**IMPORTANT: Applications on which all required information is not furnished will be returned for completion before processing.**