City of Salisbury

Department of Infrastructure & Development

125 N. Division Street, Room 202

Salisbury, MD 21801

(410) 548-3130 · FAX (410) 548-3107

TO:	Jack Lenox, I Secretary to t	Director he Board of Zoning Ap	peals			
SUBJ	ECT:					
☐ Sp	ecial Exception	☐ Variance	Administrative			
□ No	onconforming (Use	LotStructure)	Appeal			
A.	APPLICANT:					
	PHONE: () -	F)	EE PAID: \$50 - City; \$100 – County			
В.	LOCATION OF PR	ROPERTY INVOLVE	D:			
C.	PROPERTY OWN	ER:				
D.	EXPLANATION OF REQUEST:					
	1. Code Requir	es:				
	2. Proposed:					
	3. Action Requ	ired:				
E.	APPLICABLE SEC	CTIONS OF ZONING	CODE:			
F.	CERTIFICATION: I hereby certify I denied issuance of a Building Permit on based upon the above information, and that the applicant desires to have his case heard by the Salisbury Board of Zoning Appeals.					
Henry Zonin	Eure g Administrator		-			



CITY OF SALISBURY – WICOMICO COUNTY DEPARTMENT OF PLANNING, ZONING AND COMMUNITY DEVELOPMENT



Tel: 410-548-4860 Fax: 410-548-4955

NOTICE TO SALISBURY BOARD OF ZONING APPEALS APPLICANTS

Effective May 1, 2010, applicants submitting requests to be heard by the Salisbury Board of Zoning Appeals will be billed for the advertising charges for the public hearing notice that is run in The Daily Times. This notice is required by Section 17.04.150.B.1 which states:

- B. Newspaper Advertising. All proceedings under the terms of this title requiring a public hearing shall be advertised at least once in a newspaper of general circulation, as follows:
 - 1. A variance, special exception, change in nonconforming use, ordinance permit or other such appeal shall be advertised ten days prior to the scheduled hearing;

The billing notice will be provided at the time the hearing notification letter is sent out and is due prior to the public hearing date.

I have read the above notice and understand that I will be billed for The Daily Times charges for my Salisbury Board of Zoning Appeals application.

signature	of applicant)	
date)	_	



TO: Jack Lenox, Director

CITY OF SALISBURY – WICOMICO COUNTY DEPARTMENT OF PLANNING, ZONING AND COMMUNITY DEVELOPMENT



Tel: 410-548-4860 Fax: 410-548-4955

Secretary to the Board of Zoning App	eals
SUBJECT:	
DATE:	
CERTIFICATIO	N OF APPLICANT
In accordance with Section hereby request a hearing before the Salisbury Bo	oard of Zoning Appeals to:
I certify that I have paid all advertising f to a representative of the City Department of Bu acknowledge that additional application fees wi Zoning & Community Development prior to my board.	ll be assessed by the Department of Planning,
I certify that my interest in the property	is as follows:
It is my understanding that the property is I agree to allow the posting and property inspect	involved will be posted with a Public Notice and tion, if applicable.
	Very Truly Yours,
WITHDRA	WL NOTICE
I hereby: Cancel Withdraw	Postpone
my application for:	
Name	Date