

City of Salisbury
Department of Infrastructure & Development
125 N. Division Street, Room 202
Salisbury, MD 21801
(410) 548-3130 · FAX (410) 548-3107

**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)

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TO: Richard Baldwin, Director
Secretary to the Board of Zoning Appeals

SUBJECT:

DATE:

CERTIFICATION OF APPLICANT

In accordance with Section _____, of the City's Zoning Code, I hereby request a hearing before the Salisbury Board of Zoning Appeals to:

I certify that I have paid all advertising fees necessary for the public hearing in this matter to a representative of the City of Salisbury Department of Infrastructure & Development. I also acknowledge that additional application fees will be assessed by the City of Salisbury Department of Infrastructure & Development prior to my case being scheduled for official action by the Board.

I certify that my interest in the property is as follows: _____

It is my understanding that the property involved will be posted with a Public Notice and I agree to allow the posting and property inspection, if applicable.

Very Truly Yours,

WITHDRAWAL NOTICE

I hereby: Cancel Withdraw Postpone

my application for: _____

Name

Date
