

Williamsport Planning and Zoning

2 North Conococheague Street P.O. Box 307 Williamsport, MD 21795 Phone 301-223-7711 Fax: 301-223-5303 planning_zoning@williamsportmd.org

Application for Zoning Review for a Proposed Business

Date: _____

(For

Requestor Name/Address/Phone	ation will not be processed with missing info Name of Business &Site Locatio	n Property Owner Name/Address/Phone
Detail Requested Business	Use:	
Signature of Applicant		
ficial Use)		
Location is presently Zoned conditions herein set forth belo		business proposed is acceptable with the
The retail business is permissib (Please make checks payable t e		linance 305(e) 57, and a payment of \$50.0
	o Town of Williamsport MD)	linance 305(e) 57, and a payment of \$50.0 roved By:
(Please make checks payable t	o Town of Williamsport MD) App	
(Please make checks payable to Reviewed By: C. L. Stumbaugh Chairman	o Town of Williamsport MD) App C R. Zon	roved By: Grimm ng Administrator
(Please make checks payable t Reviewed By: C. L. Stumbaugh	o Town of Williamsport MD) App C R. Zon	roved By: Grimm
(Please make checks payable to Reviewed By: C. L. Stumbaugh Chairman Planning and Zoning	o Town of Williamsport MD) App C R. Zon Tow	roved By: Grimm ng Administrator