Zoning Confirmation Application

Town of La Plata
305 Queen Anne Street • P.O. Box 2268
La Plata, MD 20646
301-934-8421• Fax: 301-934-3965
www.townoflaplata.org

ZCON File #: _____

Please complete the information below prior to your submission. This application will be required in order to accept and process your submission.

Owner		Applicant/Authorized Agent	
Name:	_____	Name:	_____
Company:	_____	Company:	_____
Address:	_____	Address:	_____
	_____ City State Zip Code		_____ City State Zip Code
Phone:	_____	Phone:	_____
Email:	_____	Email:	_____

Site Information:

Address: _____

Tax ID Account Number: _____ Election District: _____

Tax Map: _____ Block: _____ Parcel (s): _____ Lot: _____

Information Requested: (You may provide additional pages if the information requested exceeds the limit below)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Authorization:
I have carefully examined and read the above application and hereby certify that, I am the Owner of the subject property, or I have received approval to act on behalf of the property owner.

Property Owner/Authorized Agent Signature: _____ Date: _____

For Office Use Only		
Payment Information		**Treasurer Validation**
Application Fee	**$**	Treasurer: _____
Check # or Cash		Date: _____ Received By: _____