



**PETITION TO AMEND THE
ZONING REGULATIONS OF
HOWARD COUNTY**

DPZ Office Use Only:
Case No. ZRA-_____
Date Filed:_____

1. Zoning Regulation Amendment Request

I (we), the undersigned, hereby petition the County Council of Howard County to amend the Zoning Regulations of Howard County as follows: _____

[You must provide a brief statement here. "See Attached Supplement" or similar statements are not acceptable. You may attach a separate document to respond to Section 1 in greater detail. If so, this document shall be titled "Response to Section 1"]

2. Petitioner's Name _____

Address _____

Phone No. (W) _____ (H) _____

Email Address _____

3. Counsel for Petitioner _____

Counsel's Address _____

Counsel's Phone No. _____

Email Address _____

4. Please provide a brief statement concerning the reason(s) the requested amendment(s) to the Zoning Regulations is (are) being proposed _____

5. Please provide a detailed justification statement demonstrating how the proposed amendment(s) will be in harmony with current General Plan for Howard County _____

[You may attach a separate document to respond to Section 5. If so, this document shall be titled "Response to Section 5"]

6. The Legislative Intent of the Zoning Regulations in Section 100.0.A. expresses that the Zoning Regulations have the purpose of "...preserving and promoting the health, safety and welfare of the community." Please provide a detailed justification statement demonstrating how the proposed amendment(s) will be in harmony with this purpose and the other issues in Section 100.0.A. _____

[You may attach a separate document to respond to Section 6. If so, this document shall be titled "Response to Section 6."]

7. Unless your response to Section 6 above already addresses this issue, please provide an explanation of the public benefits to be gained by the adoption of the proposed amendment(s) . _____

[You may attach a separate document to respond to Section 7. If so, this document shall be titled "Response to Section 7."]

8. Does the amendment, or do the amendments, have the potential of affecting the development of more

than one property, yes or no? _____

If yes, and the number of properties is less than or equal to 12, explain the impact on all properties affected by providing a detailed analysis of all the properties based upon the nature of the changes proposed in the amendment(s). If the number of properties is greater than 12, explain the impact in general terms.

[You may attach a separate document to respond to Section 8. If so, this document shall be titled "Response to Section 8."]

9. If there are any other factors you desire the Council to consider in its evaluation of this amendment request, please provide them at this time. Please understand that the Council may request a new or updated Technical Staff Report and/or a new Planning Board Recommendation if there is any new evidence submitted at the time of the public hearing that is not provided with this original petition. _____

[You may attach a separate document to respond to Section 9. If so, this document shall be titled "Response to Section 9."]

10. You must provide the full proposed text of the amendment(s) as a separate document entitled

“Petitioner’s Proposed Text” that is to be attached to this form. This document must use this standard format for Zoning Regulation Amendment proposals; any new proposed text must be in CAPITAL LETTERS, and any existing text to be deleted must be in [[Double Bold Brackets]]. In addition, you must provide an example of how the text would appear normally if adopted as you propose.

After this petition is accepted for scheduling by the Department of Planning and Zoning, you must provide an electronic file of the “Petitioner’s Proposed Text” to the Division of Public Service and Zoning Administration. This file must be in Microsoft Word or a Microsoft Word compatible file format, and may be submitted by email or some other media if prior arrangements are made with the Division of Public Service and Zoning Administration.

- 11. The Petitioner agrees to furnish additional information as may be required by the Department of Planning and Zoning prior to the petition being accepted for scheduling, by the Planning Board prior to its adoption of a Recommendation, and/or by the County Council prior to its ruling on the case.

- 12. The undersigned hereby affirms that all of the statements and information contained in, or filed with this petition, are true and correct. The undersigned has read the instructions on this form, filing herewith all of the required accompanying information. If the Petitioner is an entity that is not an individual, information must be provided explaining the relationship of the person(s) signing to the entity.

Petitioner’s name (Printed or typed)

Petitioner's Signature Date

Petitioner’s name (Printed or typed)

Petitioner's Signature Date

Petitioner’s name (Printed or typed)

Petitioner's Signature Date

Counsel for Petitioner’s Signature

[If additional signatures are necessary, please provide them on a separate document to be attached to this petition form.]

FEE

The Petitioner agrees to pay all fees as follows:

Filing fee\$2,500.00. If the request is granted, the Petitioner shall pay \$40.00 per 200 words of text or fraction thereof for each separate textually continuous amendment (\$40.00 minimum, \$85.00 maximum)

Each additional hearing night..... \$510.00*

* The County Council may refund or waive all or part of the filing fee where the petitioner demonstrates to the satisfaction of the County Council that the payment of the fee would work an extraordinary hardship on the petitioner. The County Council may refund part of the filing fee for withdrawn petitions. The County Council shall waive all fees for petitions filed in the performance of governmental duties by an official, board or agency of the Howard County Government.

APPLICATIONS: One (1) original plus twenty (24) copies along with attachments.

For DPZ office use only:

Hearing Fee \$ _____

Receipt No. _____

PLEASE CALL 410-313-2395 FOR AN APPOINTMENT TO SUBMIT YOUR APPLICATION

County Website: www.howardcountymd.gov

Revised: 07/12

T:\Shared\Public Service and Zoning\Applications\County Council\ZRA Application

INSTRUCTIONS TO THE APPLICANT/PARTY OF RECORD

- As required by State Law, applicants are required to complete the AFFIDAVIT AS TO CONTRIBUTION that is attached, and if you have made a contribution as described in the Affidavit, please complete the DISCLOSURE OF CONTRIBUTION that is attached.
- If you are an applicant, Party of Record (i.e., supporter/protestant) or a family member and have made a contribution as described in the Affidavit, you must complete the DISCLOSURE OF CONTRIBUTION that is attached.
- Filed affidavits and disclosures will be available for review by the public in the office of the Administrative assistant to the Zoning Board during normal business hours.
- Additional forms may be obtained from the Administrative Assistant to the Zoning Board at (410-313-2395) or from the Department of Planning and Zoning.
- Completed form may be mailed to the Administrative Assistant to the Zoning Board at 3430 Courthouse Drive, Ellicott City, MD 21043.
- Pursuant to State Law, violations shall be reported to the Howard County Ethics Commission.

ZONING MATTER: _____

**AFFIDAVIT AS TO CONTRIBUTIONS TO CANDIDATES AND
BUSINESS ENGAGEMENTS WITH ELECTED OFFICIALS**

**As required by the Maryland Public Ethics Law
Annotated Code of Maryland, General Provisions Article
Sections 5-852 through 5-854**

ALL BOLDDED TERMS ARE DEFINED BY SECTION 5-852
MARK EACH PARAGRAPH AS APPLICABLE

1. I, _____, the **Applicant** filing an **Application** in the above zoning matter, to the best of my information, knowledge, and belief HAVE / HAVE NOT made a **Contribution** or contributions having a cumulative value of \$500 or more to the treasurer of a **Candidate** or the treasurer of a **Political Committee** during the 48-month period before the **Application** was filed; and I AM / AM NOT currently **Engaging in Business** with an **Elected Official**.

2. I, the **Applicant** or a **Party of Record** in the above referenced zoning matter, acknowledge and affirm that, if I or my **Family Member** has made a **Contribution** or contributions having a cumulative total of \$500 or more during the 48-month period before the **Application** was filed or during the pendency of the **Application**, I will file a disclosure providing the name of the **Candidate** or **Elected Official** to whose treasurer or **Political Committee** the **Contribution** was

made, the amount, and the date of the **Contribution**; and that a **Contribution** made between the filing and the disposition of the **Application** will be disclosed within 5 business days after the **Contribution**.

3. I, the **Applicant**, acknowledge and affirm that, if I begin **Engaging in Business** with an **Elected Official** between the filing and the disposition of the **Application**, I will file this Affidavit at the time of **Engaging in Business** with the **Elected Official**.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY and upon personal knowledge that the contents of this Affidavit are true.

(Print full name)

(Sign full name &
indicate legal capacity, if applicable)

(Date)

ZONING MATTER: _____

DISCLOSURE OF CONTRIBUTION

**As required by the Maryland Public Ethics Law
Annotated Code of Maryland, General Provisions Article
Sections 5-852 through 5-854**

ALL BOLDED TERMS ARE DEFINED BY SECTION 5-852

If the **Applicant** or a **Party of Record** or their **Family Member** has made a **Contribution** or contributions having a cumulative value of \$500 or more during the 48-month period before the **Application** is filed or during the pendency of the **Application**, the **Applicant** or the **Party of Record** must file this disclosure providing the name of the **Candidate** or **Elected Official** to whose treasurer or **Political Committee** the **Contribution** was made, the amount, and the date of the **Contribution**.

For a **Contribution** made during the 48-month period before the **Application** is filed, the **Applicant** must file this disclosure when they file their **Application**, and a **Party of Record** must file this disclosure within 2 weeks after entering the above zoning matter.

A **Contribution** made between the filing and the disposition of the **Application** must be disclosed within 5 business days after the **Contribution**.

Any person who knowingly and willfully violates Sections 5-852 through 5-854 of the General Provisions Article of the Annotated Code of Maryland is subject to a fine of not more than \$5,000. If the person is not an individual, each officer and partner who knowingly authorized or participated in the violation is subject to the same penalty.

Applicant or Party of Record: _____
(Print Full Name)

RECIPIENTS OF CONTRIBUTIONS:

NAME	DATE	AMOUNT

I acknowledge and affirm that any **Contribution** I make between the filing of this disclosure and the disposition of the **Application** must be disclosed within 5 business days of the **Contribution**.

(Print full name)

(Sign full name &
indicate legal capacity, if applicable)

(Date)