TOWN OF LAUREL BOARD OF ADJUSTMENT & APPEALS HEARING APPLICATION

Please make an appointment with the Building Official to discuss this application. Please provide a scaled site survey for the subject property

Please provide the following information and a \$500 Non-Refundable fee made payable to "Town of

Laurel".

This application must be signed by the property owner.

Type of Request:		Explanation of R	equest:		
Subject Property Address:					
Property Owner's Na	ame				
Mailing Address:		Applicant's Nam	Applicant's Name: (If other than owner)		
		Mailing Address	:		
Phone #	Mobile #	Phone #	Mobile #		
Email:		Email:	Email:		
Property Owner's Au	ithorization:				
I PRINT NAME		, the property owner, hereby grant the Town of Laurel and its agent permission to enter the above referenced property Before the and after the request to verify the information on this application and perform inspections at any reasonable time.			
I	, the NAME age Befo on t	property owner, hereby grar nt permission to enter the at ore the and after the request this application and perform i	oove referenced proper to verify the informatic		

Town of Laurel Use Only – Review Worksheet

Payment Type:	Submission Deadline:	Meeting Date:	Zoning:	
	Tax Map & Parcel #		•	
Financial Good				
Standing Reviewed By:		Date:		
Application Reviewed &				
Approved By:		Date:		