

**CARROLL COUNTY BUREAU OF DEVELOPMENT REVIEW
APPLICATION FOR THE CREATION OF OFF-CONVEYANCE LOT(S)**

Please complete this form in its entirety and attach all other applicable information as required by Chapter 103.

A. Current Property Tax Map Reference: Map: _____ Block: _____ Parcel: _____
Tax Identification Number: _____

B. Current Property Owner: _____
Address: _____

C. Current Title Deed Reference: _____
(provide copy of deed)

D. Property Owner(s) on April 23, 1963: _____

E. April 23, 1963 Title Deed Reference: _____
(provide copy of deed)

F. Divisions Created from the Property Since April 23, 1963: (CODE: A = Off-conveyance B = Remainder)
(use additional sheet if necessary)

1. Date of Deed: _____ Deed Reference: _____ Code: _____
Acreage: _____ Tax Map/Block/Parcel: _____ / _____ / _____
Purpose: _____
Grantor: _____
Grantee: _____

2. Date of Deed: _____ Deed Reference: _____ Code: _____
Acreage: _____ Tax Map/Block/Parcel: _____ / _____ / _____
Purpose: _____
Grantor: _____
Grantee: _____

3. Date of Deed: _____ Deed Reference: _____ Code: _____
Acreage: _____ Tax Map/Block/Parcel: _____ / _____ / _____
Purpose: _____
Grantor: _____
Grantee: _____

G. Location:

1. ___ North ___ South ___ East ___ West side of: _____ Road

2. Election District: _____

H. Details of Lots to be Created for Which Approval is Requested:

	<u>Zoning</u>	<u>Proposed Width at Midpoint</u>	<u>Proposed Size (acreage/sf)</u>
Off-Conveyance	_____	_____	_____
Off-Conveyance	_____	_____	_____
Remainder	_____	_____	_____

I. Attorney's Certification: I accept full responsibility for and certify that the information provided herein is true and correct. I further understand that the said information provided herein, together with any applicable provision of State and County law, constitutes the basis upon which the Department of Planning may approve the proposed off-conveyance(s).

Attorney: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

J. Owner(s) Certification: I/We hereby certify that the information contained in this application is complete and accurate.

Owner(s) Signature/Date

Owner(s) Signature/Date

OFFICIAL USE ONLY

ZONING: _____ MAP NO.: _____ WATER: _____ SEWER: _____

AERIAL: _____ MIN. LOT AREA: _____ MIN. LOT WIDTH: _____

OTHER: _____

This office approves the transfer by metes and bounds description of the lot detailed above for the purpose(s) stated herein, subject to the Carroll County Zoning Ordinance.

Approval of this application does not imply that such lot(s) has met or will meet Health Department standards and requirements for water and sewer or other applicable governmental requirements which must be addressed prior to the issuance of a building permit.

Please note that any further subdivision may require preparation of a subdivision plan and approval of same by the Carroll County Planning and Zoning Commission pursuant to the Code of Public Local Laws and Ordinances of Carroll County.

Approved by: _____
Department of Planning and Land Management Date

This approval expires: _____.