



DEPARTMENT OF  
**PLANNING  
& ZONING**

# Text Amendment Application

150 Main Street, 3<sup>rd</sup> Floor, Prince Frederick, MD 20678  
410-535-1600, ext. 2356  
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Email: [PZ@calvertcountymd.gov](mailto:PZ@calvertcountymd.gov)

Office Use Only  
Rec'd by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Case #: \_\_\_\_\_

To be completed by the Applicant

### Applicant Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Article/Section to be Changed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Proposed addition or change of wording (attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Justification

(a) What circumstances or changed conditions justify the proposed amendment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) How will the proposed amendment clarify or improve the Ordinance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification by Authorized Applicant

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_