



COMMISSIONERS OF LEONARDTOWN

22670 Washington Street
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Leonardtown, Maryland 20650
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SITE PLAN APPLICATION

Date: _____ Permit #: _____

Project Location: _____, Leonardtown, MD 20650 Tax ID #: _____

Tax Map #: _____ Parcel #: _____ Lot Size: _____ Zoning District: _____

Applicant: _____ Phone: _____ Email: _____

Owner: _____ Phone: _____ Email: _____

Owner's Address: _____

Engineer: _____ Phone: _____ Email: _____

Proposed Project: _____

EDU'S Requested: Yes _____ No _____ If Yes, # of EDU'S _____

Additional Information:

I certify that I will insure the fulfillment of the Town's Zoning Ordinance and any additional requirements, conditions and/or modifications established by the appropriate authorities upon approval of this application.

Signature of Applicant: _____ Please Print: _____