



CITY OF OCEAN CITY

AMERICA'S GREATEST FAMILY RESORT

APPLICATION TO THE CITY OF OCEAN CITY ADMINISTRATIVE SITE PLAN REVIEW

25-1500.12.1 Intent and Applicability. The intent of this section is to provide an abbreviated procedure for the approval of minor changes to a development previously granted site plan approval by either the Planning Board or Zoning Board of Adjustment, and minor changes to existing development. The change(s) proposed shall conform to all applicable City ordinances, and not more than two (2) administrative reviews may be permitted per development. A Professional Planner or Engineer, as directed by the Department Head to whom the Zoning Official reports, in consultation with the Zoning Official and, if necessary, the City or Board Solicitor(s), shall determine, on an individual basis, if the changes proposed are appropriate for administrative review. Changes similar to those noted below may be eligible for administrative review:

- a. Exterior lighting;
- b. Landscaping, screening, fences and buffers;
- c. Drainage;
- d. Signs;
- e. Parking layout;
- f. HVAC, solid waste containment.

25-1500.12.2 Submission Requirements. An application for Administrative Review shall include one (1) original and two (2) copies of this completed form, financial responsibility statement, all required documentation and shall include the following information separated into three (3) separate packets for distribution:

- Applicant's Name _____
- Applicant's Mailing Address _____
- Phone numbers: (Home) and (Work) _____
- Applicant's Email: _____
- Lot number, Block number, Street address, Zone of the subject premises _____

- A statement of the use or intended use of the building, structure or land (please attach a separate sheet)
- A current (not older than twelve (12) months) signed and sealed survey of the subject premises. (attach)
- A copy of the site plan previously approved by the Planning Board or Board of Adjustment, and an executed copy of the Board's decision and resolution granting approval (attach)

- ❑ A revised site plan clearly indicating the nature and extent of proposed change, and a written description explaining the proposed changes. (attach)
- ❑ Application and escrow fees as required (\$375.00 Application and \$500.00 Escrow)
- ❑ Such other information as may be reasonably required to ascertain the nature and extent of the changes proposed.
- ❑ A schedule of zoning requirements applicable to the property and an indication of whether or not the application is in conformance with such requirements. (attach)

I, _____, (Applicant or Attorney) being duly sworn according to law
PRINT NAME
 hereby certifies that the information presented in this application is true and accurate.

Sworn and subscribed before me

 Applicant/Attorney Signature

This ____ day of _____, 20____

 (Signature of Person authorized to take oaths - Notary)

If applicant is not the owner of the property, have the owner sign below or file with application a letter signed by the owner consenting to this application.

The foregoing application is hereby consented to this _____ day of _____, 20__.

(Signature of property owner)

(Address)

(Telephone Number)

INCOMPLETE APPLICATIONS WILL BE RETURNED

Financial Responsibility Statement
Escrow Fees Submitted

Section 25-1300.15.2 Amounts Specified Are Estimates, of the Ocean City Zoning Ordinance, Volume II, reads as follows:

The amounts specified for escrow deposits are estimates, and it is recognized additional escrow fees may be necessary in particular applications. In the event that more than the amount specified for escrow is required in order to pay the reasonable costs incurred, the applicant, shall prior to being permitted to move forward in the approval procedure, or prior to being permitted to move forward in the approval procedure, or prior to obtaining Certificates of Occupancy for any portion of the application project, pay all additional required sums.

I have read Section 25-1300.15.2 and understand that additional escrow fees may be charged at a later date. I herewith agree to pay these additional charged fees. If I fail to pay these fees when requested, I understand that the City will also charge reasonable attorney's fees for the collection of these fees.

(Name)

() _____
(Daytime Phone)

(Billing Address)

(Signature)

(Date)