

John R. Leopold
County Executive



Angela M. Wakhweya, M.D., MSc.Econ.
Health Officer

APPLICATION FOR MODIFICATION OF THE
ANNE ARUNDEL COUNTY CODE

Please type or print clearly.

1. OWNER(S): _____

MAILING ADDRESS: _____

PHONE NUMBER: HOME _____ WORK _____

2. PROPERTY ADDRESS: _____
(House Number, Street, City, Zip Code)

3. TAX ACCOUNT NUMBER: _____

4. Explain the modification you are seeking, including the applicable regulation to which the modification pertains:

5. Explain in detail the reason for the request and the alternative procedure proposed:

6. Have you or any other previous owner been granted a similar modification, variance, waiver or exception with regard to this property? Yes No
If yes, please explain: _____

The applicant(s) hereby certifies and agrees as follows: (1) that he/she is the owner of, or duly authorized agent, of the property that is the subject of this application; (2) that he/she has read all of the information set forth in this application and that the same is correct; (3) that he/she will comply with any and all conditions that may be imposed by the Health Officer to secure the objectives of the provision that is modified; (4) that he/she grants to Anne Arundel County a right of entry on the property for the purpose of inspecting to make a modification determination. Denial of entry for inspection may result in a denial of this modification request; 5) that he/she will notify the Anne Arundel County Department of Health within 72 hours if there is a change in ownership of the property and such notice shall include the name and address of the person or persons succeeding to the ownership or control of such property; (6) that any modification granted by the Department of Health does not preclude other County or State departments from enforcing County or State law; (7) that a modification, if granted, will not extend to any future additions or alterations made to the property; and (8) that a denial of this modification request can be appealed to the Board of Appeals of Anne Arundel County pursuant to § 602 (e) of the County Charter.

Signatures of All Owners: _____

Printed Name(s): _____

Date: _____

Incomplete applications cannot be processed and will be returned.

If you have any questions during this process, please contact _____ at _____.

Anne Arundel County Department of Health
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