

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
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- □ 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 (\$375.0	00 Applicat	ion and \$50	00.00 Escrow)	
0	Such other info		on as may be reasonably required to ascertain the nature and extent of the				
_		ning requirements applicable t conformance with such require			n indication	of whether or not the	
Ι,		,(Applicant	or Attorne	y) being dı	ıly sworn ac	cording to law	
		t the information presented in t					
			Sworn ar	nd subscribe	ed before me		
A	applicant/Attorney	Signature	This	day of _		, 20	
****	******	**********	` U			o take oaths - Notary) ******	
If a	applicant is not th	e owner of the property, have t signed by the owner cons				application a letter	
The fo	oregoing applicati	on is hereby consented to this_	d	ay of			
	-	(Signature of prop	erty owner))			
(Address)							
	-	(Telephon	e Number)				

INCOMPLETE APPLICATIONS WILL BE RETURNED

Financial Responsibly Statement Escrow Fees Submitted

Section 25-1300.15.2 *Amounts Specified Are Estimates* [Ord. #04-13, § 8], of the Ocean City Zoning Ordinance, 88-27, Volume II, reads as follows:

The amount 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, pay all additional required sums. In the event a negative escrow balance develops prior to obtaining Certificate of Occupancy for any portion of the project, applicant/owner shall pay all additional required sums.

7 1 2	roject, applicant/owner shall pay all additional required sums.				
I have read Section §25-1300.15.2 and understand that additional escrow fees may be charged at date. I herewith agree to pay these additional charged fees. If I fail to pay these fees when reque understand that the City will also charge reasonable attorney's fees for the collection of these fees.					
Please Print Clearly					
(Name)	(Daytime Phone)				
(Billing Address)					
(Signature)	(Date)				

Note: The application will be deemed **incomplete** if all information above is not fully completed.