



CALVERT COUNTY HISTORIC DISTRICT DESIGNATION APPLICATION ¹

OFFICE USE ONLY	
Historic District Case # _____	MIP# _____
Historic/Site Name _____	HDC Meeting Date _____
Maryland Inventory Preservation # _____	Filing Date _____

NAME OF APPLICANT

OWNER(S)

MAILING ADDRESS		
<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>
<i>Telephone Number:</i>	<i>E-mail Address:</i>	

PROPERTY ADDRESS		
<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip code</i>

LOCATION							
Election District	<input style="width: 50px;" type="text"/>	Community	<input style="width: 90%; height: 20px;" type="text"/>				
Tax Map No.	<input style="width: 40px;" type="text"/>	Parcel No.	<input style="width: 40px;" type="text"/>	Lot No.	<input style="width: 40px;" type="text"/>	Tax ID No.	<input style="width: 80px;" type="text"/>
Adjoining Road(s): _____							

AREA	
<i>Attachments that may be required.</i>	
<input type="checkbox"/> Metes and Bounds Description(s)	<input type="checkbox"/> Survey Plat or Tax Map Extract
Owner of Record: _____	Deed Reference: _____ / _____ / _____
Acres _____	County Zoning District _____ Land Use _____

