



**CALVERT COUNTY DEPT. OF PLANNING & ZONING**  
**Historic & Archaeological Resources Referral Form**

**PROJECT INFORMATION**

Subdivision Name:	Subdivision: <input type="checkbox"/> Major #SD <input type="checkbox"/> Minor #MSD
Type of Subdivision:    Residential      Commercial      Industrial      Mixed Use      Institutional	

**PROPERTY INFORMATION**

Tax Map No.	Parcel No.	Tax ID No.	Lot	Block	Section

Road Frontage(s):

**Instructions to Applicants/Owners:**

**In the space provided below, list all structures currently existing on the property and indicate whether they are proposed to be retained or removed. Attach photographs and a sketch/plat of the property indicating the location of the structures. Also, indicate whether applicant/owner is aware of any historical or archaeological significance relating to the structures (attached separate sheets if necessary).**

Structure 1:	Proposed to be Retained <input type="checkbox"/> Removed <input type="checkbox"/>
Structure 2:	Proposed to be Retained <input type="checkbox"/> Removed <input type="checkbox"/>
Structure 3:	Proposed to be Retained <input type="checkbox"/> Removed <input type="checkbox"/>
Structure 4:	Proposed to be Retained <input type="checkbox"/> Removed <input type="checkbox"/>

**OWNER INFORMATION**

Owner's Name(s):		
Signature:	Date:	
Address:	Phone:	
City:	State:	Zip Code:
Phone:	Fax:	Email:

**APPLICANT/AGENT INFORMATION (if different than owner)**

Applicant's Name(s):		
Signature:	Date:	
Address:	Phone:	
City:	State:	Zip Code:
Phone:	Fax:	Email:

**DEPARTMENT OF PLANNING & ZONING STAFF REVIEW:**

Probability of Archaeological Resources on site: Probability    High      Moderate      Low
Structures are included in the Calvert County Historic Sites Survey: No    Yes      CT Case No.:
Further Action Required: No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, describe:

Reviewed By:	Date:
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