



File Number: \_\_\_\_\_

Talbot County Animal Control Authority  
P.O. Box 1143  
7894 Ocean Gateway  
Easton, Maryland 21601  
(410) 822-0107

**Zoning Approval Form**

To be completed by applicant or Talbot Humane and presented for approval to the local zoning authorities

**Business Information**

Commercial Business Name: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_

Premise Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Size: \_\_\_\_\_ Jurisdiction (Town/County): \_\_\_\_\_

**Property Owner Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Type of Business** (check all appropriate blocks)

- Boarding
- Breeding
- Training
- Animal rescue
- Pet sale facility
- Other \_\_\_\_\_

**This section to be completed by zoning official to verify applicant has met all local zoning requirements to conduct the type of business specified above.**

I certify that the business of \_\_\_\_\_ does \_\_\_\_\_ does not \_\_\_\_\_ meet all zoning requirements, including the issuance of a special exception or use certificate, if required.

If does not, why? \_\_\_\_\_

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Official Capacity

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Date of Inspection