

REQUEST FOR TRANSFER OF EQUIVALENT RESIDENTIAL UNITS (ERUs)

Applicant's Information

Name: _____

Business Name (if applicable): _____

Address: _____

Telephone: _____ Fax: _____

Number of ERUs to be Transferred: _____

Transferred From: Map _____, Parcel _____, County Tax Account Number: _____

Transferred To: Map _____, Parcel _____, County Tax Account Number: _____

Intended Use of the ERUs: [Please provide a full explanation of the intended use of the ERUs including, where applicable, the type of development/business, number of seats, square footage, number of lots, etc. Floor plans for commercial establishments may be required.]

Does the transfer involve a platted subdivision? Yes _____ No _____

Date of Anticipated Commencement of Development: _____

Date of Anticipated Completion of Development: _____

Payment of a non-refundable application fee is required with the submission of this request in order to initiate the review process. The fee is \$100.00 for the first ERU plus \$25.00 for each additional ERU payable to the Garrett County Commissioners. Please forward this request form and applicable fees to: Garrett County Dept. of Public Utilities, 2008 Maryland Highway, Suite 2, Mt. Lake Park, Maryland 21550.

Signature of Applicant: _____ Date: _____

Step 1 Review - Department of Public Utilities

Application Fee Received: Yes _____ No _____ Amount \$ _____

Transfer from Account # _____ Transfer to Account # _____

Approval Decision: Yes _____ No _____ Conditional With Further Action As Noted _____

Comments: _____

Signature: _____ Date: _____

Step 2 Review - Department of Planning and Land Development

Approval Decision: Yes _____ No _____ Conditional With Further Action As Noted _____

Comments: _____

Signature: _____ Date: _____

Step 3 Review - Legal Counsel

Approval Decision: Yes _____ No _____ Conditional With Further Action As Noted _____

Comments: _____

Signature: _____ Date: _____

Step 4 Review - County Administrator

Approval Decision: Yes _____ No _____ Conditional With Further Action As Noted _____

Comments: _____

Signature: _____ Date: _____

Official Decision by the Board of County Commissioners

Approve _____ Disapprove _____

Comments: _____

Signature: _____ Date: _____

Notification to Applicant Stating Decision by the Board of County Commissioners

Signature: _____ Date: _____