

**MARYLAND DEPARTMENT OF TRANSPORTATION**  
**MARYLAND AVIATION ADMINISTRATION**  
**APPLICATION FOR AIRPORT ZONING PERMIT**

Approval of this application is not a substitute for any other permits or approvals required by the State or Local Jurisdiction.

**Section I: MAA Administrative Use Only**

**Application No.:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_

**Airport:**       BWI               Martin State  
**County:**       Anne Arundel       Baltimore       Howard  
**Approval Required:**     Noise Zone       Obstructions       Airport Land Use Compatibility

**Off Airport Project**                       **On Airport Project**

**Section II: Applicant/Project Information**

1.) County Project Name/Number: \_\_\_\_\_

2.) Application for: (Check One)  
 (For the purposes of this form antenna, satellite dish, HVAC equipment, etc. should be considered "structures.")

New Subdivision (Plat Approval)                      Subdivision No. \_\_\_\_\_  
 Structure Only                       Structure + Crane  
 Crane Only

3.) Site Location  
*A site plan showing the location, property boundaries and any existing/proposed structures is **required** to be submitted with this application.*

a) Tax Map \_\_\_\_\_, Grid \_\_\_\_\_, Parcel \_\_\_\_\_, Lot/block (if any) \_\_\_\_\_  
 b) Address (including zip code) \_\_\_\_\_  
 c) Latitude \_\_\_\_\_° \_\_\_\_\_', \_\_\_\_\_"      Longitude \_\_\_\_\_° \_\_\_\_\_', \_\_\_\_\_"

**For Structures**

4.) Type of improvement:  New Building  Addition  Alteration  Repair  Other \_\_\_\_\_

5.) Proposed Use(s):

a) Residential:  One family  Two family  Multi-family (No. units \_\_\_\_\_)  Other \_\_\_\_\_

b) Non-residential:

|   |   |
|---|---|
| <input type="checkbox"/> Hospital, Nursing Home, Institution        | <input type="checkbox"/> Office, Store, Theater, Restaurant |
| <input type="checkbox"/> School, Library, Church, Place of Assembly | <input type="checkbox"/> Agriculture, Industry: type _____  |
| <input type="checkbox"/> Hotel, Motel, Transient Lodging            | <input type="checkbox"/> Tower, Tank: type _____            |
| <input type="checkbox"/> Outdoor Spectator Sports, Park, Playground | <input type="checkbox"/> Other _____                        |

6.) Describe proposed structure(s):

7.) Present use if different from proposed:

8.) Structure:  **Maximum Height (Above Ground Level)** , **No. of Buildings** , **Total Square Feet**

**Elevations**

\*MSL=Mean Sea Level. All height restrictions in the vicinity of the airport use MSL as a reference point.

***For Structures***

9.) Ground elevation of site:  MSL\*

10.) Maximum elevation: (Height of structure + elevation of site)  MSL\*

***For Cranes***

11.) a) Ground elevation at crane location:  MSL\*      b) Height of crane(s)   
*Above Ground Level (AGL)*

12.) Maximum elevation:(ground elevation + height of crane)  MSL\*

The applicant hereby certifies and agrees as follows: 1) that he/she is authorized to submit this application; (2) that the information is correct; (3) that he/she will comply with all regulations that are applicable hereto; and (4) that he/she will perform no work on the subject property not specifically described in this application.

**APPLICANT (Please Print)**

Name:

Address:

City  State  Zipcode

Phone No:  Fax No.:

Email:

Name:   
*(Print)*

Signature:

Connection to Property:

**PROPERTY OWNER (Please Print)**

Name:

Address:

City  State  Zipcode

**Section III Approvals**

|                    |  |                                 |                              |
|--------------------|--|---------------------------------|------------------------------|
| Obstruction:       | <input type="checkbox"/> Approved for maximum height of _____ MSL                              | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
|                    | By: _____  | Date: _____                     |                              |
| Noise:             | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A | By: _____                       | Date: _____                  |
| BAZA Variance No.: | _____  | Expiration Date                 | _____                        |

Approval of this application, if granted, will terminate if construction does not begin within one year of approval date. Approval of this permit does not preclude disturbance of applicant or occupants from aircraft operations. Please return application to: Maryland Aviation Administration, Division of Airport Facilities Planning, P.O. Box 8766, BWI Marshall Airport, MD 21240 or email applications to [maaairportzoningpermit@bwiairport.com](mailto:maaairportzoningpermit@bwiairport.com). Please direct inquiries to (410) 859-7692 or (410) 859-7070.