

CITY OF FROSTBURG BOARD OF ZONING APPEALS

FORMAL APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT
FROSTBURG MUNICIPAL CENTER
37 BROADWAY, P.O. BOX 440
FROSTBURG, MD 21532

Case # 2624Hearing Date: 12-3-2025

Application Type

☒ Special Exception☐ Administrative Error☐ Variance☐ Other: _____Applicant's Name: Justin Tippen / Cory HeymanApplicant's Address: 10118 Parkersburg Road SW, Frostburg, MD 21532Phone No.: (301) 697-9827Property Location: 166 Bawey St (basement), Frostburg, MD 21532
physical address or distance and direction from nearest intersectionProperty Dimensions: 1100 sq. ft

Tax Map: _____ Parcel: _____ Lot: _____ | Election District: _____

Current Zoning Classification: C1 Current Use: basement - nothing, upper levels are rental units

REQUEST:

Please see attached

PLEASE EXPLAIN WHY YOU BELIEVE THE BOARD SHOULD GRANT YOUR REQUEST (use attachments as needed):

Please see attached

Please read and sign below:

As specified under Section 1.18.D of the City of Frostburg Zoning Ordinance, any Application for Special Exception or Variance must be presented to the Frostburg Planning Commission for review prior to the hearing date. The Planning Commission may enter a formal recommendation to the Board of Appeals to include an assessment of the impact that the Variance or Special Exception will have in respect to the City's Comprehensive Plan. The recommendation of the Commission is not binding upon the Board of Appeals.

Please plan to attend the Planning Commission Meeting. The next meeting is Wednesday, November 12, 2025 at 7:00 pm at the Frostburg Municipal Center, 37 Broadway, Frostburg, Maryland. Failure to attend or to provide sufficient information for review by the Planning Commission could result in an unfavorable recommendation by the Planning Commission.

Applicant's Signature: Justin Tippen / Cory HeymanDate: 10/23/25

Information Required for Appeal, if applicable (drawings must be to scale):

☐ Parking Site Plan☐ Floor Plan☐ Site Plan☐ Survey☐ Other: _____

FOR CITY USE ONLY

Board of Zoning Appeals Fee: \$ 250.00

Payment Type

☐ Cash☒ Check No.: 6870Application Date: 10-23-2025Taken by: JKStatus: ☐ APPROVED☐ DENIED

Permit Issue Date: _____

Issued by: _____

Community Development Signature: _____

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