



CASE NUMBER: A-2026-02-V

BOARD OF APPEALS APPLICATION
P.O. BOX 528 / 106 SOUTH MAIN STREET
NORTH EAST, MARYLAND 21901-0528
PHONE 410-287-5801 / FAX 410-287-8267

THIS APPLICATION IS FOR A VARIANCE

PART 1. APPLICANT INFORMATION

Owner ☒ Representative ☐

APPLICANT NAME — (PLEASE PRINT CLEARLY — LIST ADDITIONAL NAMES ON PAGE 6): _____

Kimberly Isenhour

APPLICANT ADDRESS: _____

4806 Sweetbrier Dr. Harrisburg PA 17111

TELEPHONE NUMBER: 717-579-3905 FAX NUMBER: _____

PART 2. PROPERTY INFORMATION

PROPERTY OWNER NAME — (PLEASE PRINT CLEARLY — LIST ADDITIONAL NAMES ON PAGE 6): _____

Kimberly Isenhour

PROPERTY OWNER ADDRESS: _____

1 NE Isles Dr. North East MD 21901

TELEPHONE NUMBER: 717-579-3905 FAX NUMBER: _____

LOCATION OF PROPERTY: _____ SIDE OF _____ (STREET)

PROPERTY ADDRESS: 1 NE Isles Dr. North East MD 21901

TAX MAP # 031E BLOCK # _____ PARCEL # 1243

DEED REFERENCE: LIBER 5566 AND FOLIO 277

ZONING CLASSIFICATION: Town ACRES: 2.34

CRITICAL AREA LAND USE DESIGNATION: ~~TD~~ LDA

EXISTING USE OF PROPERTY: Vacant

PART 3. PROVISIONS OF APPLICATIONPROVISION OF THE CHESAPEAKE BAY CRITICAL AREA PROGRAM UNDER WHICH THIS APPLICATION IS BEING SUBMITTED (IF APPLICABLE): critical area/ Buffer

PROVISION OF NORTH EAST ZONING ORDINANCE UNDER WHICH THIS APPLICATION IS SUBMITTED (SECTION AND PARAGRAPH):

Article 5 Part 2 #18 Parag. C
Section 5-12.18(c)(3)PURPOSE OF THIS APPLICATION (DESCRIBE): to request relief from
Section 5-12.18(c)(3) of the Zoning Ordinance for the
Town of North East to allow new development w/in 110-ft. bufferINDICATE VARIANCE REQUESTED - STATE IN FEET AND/OR SQUARE FEET): The variance
is requested to allow 347 square feet of the proposed
dwelling, 474 sq. ft. of the proposed deck, and 786 sq. ft.
of the proposed driveway to be developed w/in 110-ft. buffer**PART 4 - REASON FOR REQUEST** (ATTACH ADDITIONAL SHEETS IF NECESSARY)

STATE IN DETAIL THE REASONS WHY THIS REQUEST SHOULD BE GRANTED:

to build a single family home & detached
garage to be permanent residence**PART 5 – SKETCH OF PROPOSED PROJECT**

SKETCH THE LOCATION OF THE PROPOSED PROJECT ON THE PROPERTY, SHOWING DISTANCES FROM REAR, FRONT AND SIDE PROPERTY LINES TO PROJECT, AND THE DIMENSIONS OF THE PROJECT. IF THIS PROJECT IS IN THE CRITICAL AREA, A REQUEST FOR VARIANCE WILL NOT BE CONSIDERED UNTIL ALL PROVISIONS AND REQUIREMENTS ARE MET AS OUTLINED IN ARTICLE 9; SECTION 9-19 IN THE NORTH EAST ZONING ORDINANCE, AND APPLICABLE SECTIONS 1 E AND 1 F IN THE CRITICAL AREA PROGRAM.

PART 6. ADDITIONAL REQUIREMENTS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

1. DESCRIBE HOW THE LITERAL ENFORCEMENT OF THE PROVISIONS OF THIS ORDINANCE WOULD RESULT IN UNNECESSARY HARDSHIP. to build a single

family home.

2. DESCRIBE ALL SPECIAL CONDITIONS AND CIRCUMSTANCES THAT EXIST WHICH ARE PECULIAR TO THE LAND, STRUCTURE, OR BUILDING INVOLVED AND WHICH ARE NOT APPLICABLE TO OTHER LANDS, STRUCTURES, OR BUILDINGS IN THE SAME DISTRICT. _____

almost all of the property / buildable land
is w/in the Buffer.

3. DESCRIBE HOW THE LITERAL INTERPRETATION OF THE PROVISION OF THIS ORDINANCE WOULD DEPRIVE THE APPLICANT OF RIGHTS COMMONLY ENJOYED BY OTHER PROPERTIES IN THE SAME DISTRICT UNDER THE TERMS OF THIS ORDINANCE. _____

land not w/in the Buffer would be able
to build

4. DO THE SPECIAL CONDITIONS AND CIRCUMSTANCES RESULT FROM THE ACTIONS OF THE APPLICANT? _____ YES ☒ NO

IF YES, EXPLAIN: _____

5. DESCRIBE HOW GRANTING THE VARIANCE REQUESTED WILL NOT CONFER ON THE APPLICANT ANY SPECIAL PRIVILEGE THAT IS DENIED BY THIS ORDINANCE TO OTHER LANDS, STRUCTURES, OR BUILDINGS IN THE SAME ZONE NOR WILL IT BE DETRIMENTAL TO ADJACENT PROPERTIES.

just trying to build a single family home
on land ~~in~~ on a parcel of land however
the land is located w/in a Buffer.

6. WILL THE CHARACTER OF THE DISTRICT BE CHANGED BY GRANTING A VARIANCE? (NO NONCONFORMING USE OR NEIGHBORING LANDS, STRUCTURES, OR BUILDINGS IN THE SAME ZONE, AND NO PERMITTED USE OF LANDS, STRUCTURES, OR BUILDINGS IN OTHER ZONES SHALL BE CONSIDERED GROUNDS FOR THE ISSUANCE OF A VARIANCE). _____ YES ☒ NO

IF YES, EXPLAIN: _____

7. DESCRIBE HOW THE GRANTING OF THE VARIANCE WILL BE IN HARMONY WITH THE GENERAL PURPOSE AND INTENT OF THIS ORDINANCE. _____

building a single family home – similar
to those in the area.

8. DESCRIBE WHY THE GRANTING OF THE VARIANCE WILL NOT BE INJURIOUS TO THE NEIGHBORHOOD, OR OTHERWISE DETRIMENTAL TO THE PUBLIC WELFARE. _____

building a single family home therefore
it would not be injurious to the
neighborhood

9. IS THIS APPLICATION BASED UPON A LACK OF KNOWLEDGE OF THE RESTRICTIONS?
_____ YES ☒ NO

IF YES, EXPLAIN: _____

PART 7. LAPSE OF VARIANCE

THE NORTH EAST ZONING ORDINANCE SECTION 9-21. LAPSE OF SPECIAL EXCEPTION OR VARIANCE INDICATES THAT AFTER THE BOARD OF APPEALS HAS GRANTED A VARIANCE, THE VARIANCE GRANTED SHALL LAPSE AFTER THE EXPIRATION OF ONE YEAR IF NO SUBSTANTIAL CONSTRUCTION HAS TAKEN PLACE IN ACCORDANCE WITH THE PLANS FOR WHICH SUCH VARIANCE WAS GRANTED, OR IF THE BOARD DOES NOT SPECIFY SOME LONGER PERIOD THAN ONE YEAR AT THE TIME OF APPROVAL, THEN THE PROVISIONS OF THESE REGULATIONS SHALL THEREAFTER GOVERN.

1. IF YOUR REQUEST FOR A VARIANCE IS GRANTED, DO YOU WANT THE BOARD TO CONSIDER A REQUEST FOR EXPIRATION FOR SOME TIME LONGER THAN ONE YEAR? ☒ YES ☐ NO

A. IF YES, STATE WHY YOU CAN NOT REACH SUBSTANTIAL COMPLETION IN ONE YEAR:

due to permitting process

B. IF YES, STATE THE DATE YOU WOULD LIKE THE BOARD TO CONSIDER FOR EXPIRATION OF THE VARIANCE? (PLEASE STATE MONTH/DAY/YEAR):

June
MONTH

10
DAY

2029
YEAR

VARIANCE APPLICATION – PAGE 6

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LIST THE NAMES AND ADDRESSES OF ALL APPLICANTS: ATTACH ADDITIONAL SHEETS IF NECESSARY

(Please Print Clearly)

Kimberly Isenhour	4806 Sweetbrier Dr.	717-579-3905
APPLICANT NAME	ADDRESS	PHONE
	Hog PA 17111	

APPLICANT NAME	ADDRESS	PHONE
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APPLICANT NAME	ADDRESS	PHONE
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APPLICANT NAME	ADDRESS	PHONE
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APPLICANT NAME	ADDRESS	PHONE
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LIST THE NAMES AND ADDRESSES OF ALL PROPERTY OWNERS: ATTACH ADDITIONAL SHEETS IF NECESSARY

(Please Print Clearly)

Kimberly Isenhour	4806 Sweetbrier Dr.	717-579-3905
OWNER NAME	ADDRESS	PHONE
	Hog PA 17111	

OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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CERTIFICATION – SIGNATURES

I/WE CERTIFY THAT THE INFORMATION, EXHIBITS AND ATTACHMENTS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

APPLICANT(S):

Kimberly Isenhour *KI Isen* 6/15/24
PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

OWNER(S):

Kimberly Isenhour *KI Isen* 6/15/24
PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

