



Zoning Regulation Amendment Petition

Zoning Regulation Amendment Request:

Add Animal Hospitals as a permitted use in the M-1 (Manufacturing: Light) zoning district

Petitioner Information

Name: Neal NeSmith
Trading As: Southern Veterinary Partners
Address: 2204 Lakeshore Dr, Suite 325, Birmingham, AL, 35209
Phone: 2053821140
Email: neal.nesmith@svp.vet
Petitioner's Interest in the Property: Lessee/Tenant

Representative Information

Name: Tom Coale
Address: 54 State Circle, Annapolis, MD, 21401
Phone: 4436300507
Email: tom@perryjacobson.com
Profession: Attorney

Property Information

Property Address: 7185 Columbia Gateway, Columbia, MD, 21046
Total Site Area: 4.33 acres Use Area (if different): Tax Map: 43 Grid: 1 Parcel: 671
County Council District: 2 Zoning District: 6
Subdivision Name: SDP #:

Zoning Regulation Amendment Information

Please provide a brief statement concerning the reason(s) the requested amendment(s) to the Zoning Regulations is (are) being proposed:

The Petitioner is seeking to open a specialty cardiology practice focused on cardiac care for pets in Howard County and currently has a lease for property zoned M-1. Based on the catalogue of uses allowed in M-1, Petitioner presumed that its proposed use would be allowed. However, as noted above, "animal hospital" is a specially defined use that is allowed by right in POR, B-1, B-2, BR, OT, SC, PGCC, CE, CAC, and TNC, and as a conditional use in the RR and RC zones. Animal hospitals are not currently allowed in the M-1 zone either by right or as a conditional use.

As stated above, this use is compatible with the uses allowed in the M-1 zone and has a comparable intensity to existing uses. Once allowed, it is possible, if not likely, that animal hospitals may be incorporated into the other pet-related uses allowed in the M-1 zone. There is no apparent reason to segregate animal hospitals from these other pet related uses and the failure to include the same appears to have been an oversight.

The Legislative Intent of the Zoning Regulations in Section 100.0.A. expresses that the Zoning Regulations have the purpose of "...preserving and promoting the health, safety and welfare of the community." Please provide a detailed justification statement demonstrating how the proposed amendment(s) will be in harmony with this purpose and the other issues in Section 100.0.A.

The proposed ZRA will increase the health care options for Howard County pet-owners and create new opportunities for businesses focused on pet welfare to open in Howard County. The ZRA proposes this use in districts that already accommodate pet-centric uses and will not have any detrimental effects on the health, safety, or welfare of Howard County communities.

Does the amendment, or do the amendments, have the potential of affecting the development of more than one property, yes or no? If yes, and the number of properties is less than or equal to 12, explain the impact on all properties affected by providing a detailed analysis of all the properties based upon the nature of the changes proposed in the amendment(s). If the number of properties is greater than 12, explain the impact in general terms.

Greater than 12 - this would allow the Animal Hospital Use in all M-1 zoning districts.

Provide the address, Tax Map, and Parcel Number for any parcel of land known to be affected by the amendment(s) that the Petitioner owns or has a legal or equitable interest in.

Only the parcel identified in this petition.

Zoning Regulation Amendment Criteria

The compatibility, including potential adverse impacts and consequences, of the proposed zoning regulation amendment with the existing and potential land uses of the surrounding areas and within the same zoning district.

As stated above, this use is compatible with the uses allowed in the M-1 zone and has a comparable intensity to existing uses. Once allowed, it is possible, if not likely, that animal hospitals may be incorporated into the other pet-related uses allowed in the M-1 zone. There is no apparent reason to segregate animal hospitals from these other pet related uses and the failure to include the same appears to have been an oversight.

The properties to which the zoning regulation amendment could apply and, if feasible, a map of the impacted properties.

This would allow the Animal Hospital Use in all M-1 zoning districts.

Conflicts in the Howard County Zoning Regulations as a result of the zoning regulation amendment.

None.

The compatibility of the proposed zoning regulation amendment with the policies and objectives, specifically including the environmental policies and objectives, of the Howard County General Plan.

It will come as no surprise that HoCo By Design does not specifically address the regulation of animal hospitals, but there is general support for reevaluating zoning designations in commercial zones to allow additional flexibility. The EP-7 Policy Statement “Monitor economic disruptors, such as new technologies, autonomous vehicles, teleworking, and e-commerce, and employ adaptive and innovative strategies to meet emerging economic shifts”, includes the following Implementing Action “Assess and adapt the Zoning Regulations to provide greater flexibility under broader use categories and respond to changing industries and technologies.”

Pet medicine has increased in sophistication and complexity since the last comprehensive zoning plan in 2013. In addition to routine veterinary care, Howard County residents also seek out and support businesses that provide specialized medical care for their four-legged loved ones. Animal hospitals and specialty clinics, such as that offered by the Petitioner, should be available throughout the county to meet this need. The M-1 zoning district often has lower commercial rents than B-1 zones focused on retail commercial, which results in more affordable pet care.

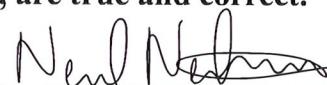
If the zoning regulation text amendment would impact eight (8) parcels of land or less:

- (i) A list of those impacted parcels;**
- (ii) The address of each impacted parcel;**
- (iii) The ownership of each impacted parcel; and**
- (iv) The contact information for the owner, if an individual, or resident agent or owner, if a corporate entity, of each impacted parcel.**

N/A.

Signatures

The undersigned hereby affirms that all of the statements and information contained in, or filed with this petition, are true and correct.

Petitioner's Signature  Date 6/18/25

Property Owner's Signature  Date 6/19/2025

Process information and submittal requirements can be found on the [ProjectDox website](#)

Petitioner's Proposed Text
Animal Hospital ZRA

Amend Section 122.0.B. – M-1 (Manufacturing: Light) District to add:

B. Uses Permitted as a Matter of Right:

1. ANIMAL HOSPITALS, COMPLETELY ENCLOSED.

Renumber subsequent uses accordingly.



ZONING PETITION AFFIDAVIT

Petitioner Name: Neal NeSmith

Property Address: 7185 Columbia Gateway, Columbia, MD 21046

Zoning Petition Type: Zoning Regulation Amendment

Affidavit made pursuant to the pertinent provisions of Title 22 of the Howard County Code as amended.

The undersigned does hereby declare that no officer or employee of Howard County, whether elected or appointed, has received prior hereto or will receive subsequent hereto, any monetary or material consideration, any service or thing of value, directly or indirectly, upon more favorable terms than those granted to the public generally in connection with the submission, processing, issuance, grant or award of the attached application for a zoning petition as requested for the property referenced above.

I we, do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing affidavit are true and correct to the best of my, our, knowledge, information and belief.

Neal NeSmith
Petitioner Name


Signature

6/26/25
Date

Hannah Bryant
Witness Name


Signature

6/26/25
Date

Leah Rodriguez
Witness Name


Signature

6/26/25
Date

This Affidavit must be signed, scanned and uploaded through the ProjectDox Zoning Petition Application process at <https://howard-md-us.avolvecloud.com/ProjectDox/>

For more information or questions, contact DPZ at (410) 313-2350.



Howard County Maryland
Department of Planning and Zoning
3430 Courthouse Drive, Ellicott City, MD 21043

dpzzoning@howardcountymd.gov (410) 313-2350

AFFIDAVIT AND DISCLOSURE OF CONTRIBUTION

For Petitions to Amend the Zoning Regulations, Zoning Maps and Preliminary Develop Plans of Howard County

Zoning Matter: _____

AFFIDAVIT AS TO CONTRIBUTIONS TO CANDIDATES AND BUSINESS ENGAGEMENTS WITH ELECTED OFFICIALS

**As required by the Maryland Public Ethics Law Annotated Code of Maryland, General
Provisions Article Sections 5-852 through 5-854**

ALL BOLDED TERMS ARE DEFINED BY SECTION 5-852 MARK EACH PARAGRAPH AS
APPLICABLE

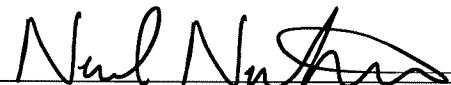
1. I, Neal NeSmith, the **Applicant** filing an **Application** in the above zoning matter, to the best of my information, knowledge, and belief **HAVE** / **HAVE NOT** made a **Contribution** or contributions having a cumulative value of \$500 or more to the treasurer of a **Candidate** or the treasurer of a **Political Committee** during the 48-month period before the **Application** was filed; and I **AM** / **AM NOT** currently **Engaging in Business** with an **Elected Official**.
2. I, the **Applicant** or a **Party of Record** in the above referenced zoning matter, acknowledge and affirm that, if I or my **Family Member** has made a **Contribution** or contributions having a cumulative total of \$500 or more during the 48-month period before the **Application** was filed or during the pendency of the **Application**, I will file a disclosure providing the name of the **Candidate** or **Elected Official** to whose treasurer or **Political Committee** the **Contribution** was made, the amount, and the date of the **Contribution**; and that a **Contribution** made between the filing and the disposition of the **Application** will be disclosed within 5 business days after the **Contribution**.

3. I, the **Applicant**, acknowledge and affirm that, if I begin **Engaging in Business** with an **Elected Official** between the filing and the disposition of the **Application**, I will file this **Affidavit** at the time of **Engaging in Business** with the **Elected Official**.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY and upon personal knowledge that the contents of this Affidavit are true.

Neal NeSmith

(Print Full Name)



(Sign full name & indicate legal capacity, if applicable)

6/26/25

Date

Zoning Matter: _____

DISCLOSURE OF CONTRIBUTION

As required by the Maryland Public Ethics Law Annotated Code of Maryland, General Provisions Article Sections 5-852 through 5-854

ALL BOLDED TERMS ARE DEFINED BY SECTION 5-852

If the **Applicant** or a **Party of Record** or their **Family Member** has made a **Contribution** or contributions having a cumulative value of \$500 or more during the 48-month period before the **Application** is filed or during the pendency of the **Application**, the **Applicant** or the **Party of Record** must file this disclosure providing the name of the **Candidate** or **Elected Official** to whose treasurer or **Political Committee** the **Contribution** was made, the amount, and the date of the **Contribution**.

For a **Contribution** made during the 48-month period before the **Application** is filed, the **Applicant** must file this disclosure when they file their **Application**, and a **Party of Record** must file this disclosure within 2 weeks after entering the above zoning matter.

A **Contribution** made between the filing and the disposition of the **Application** must be disclosed within 5 business days after the **Contribution**.

Any person who knowingly and willfully violates Sections 5-852 through 5-854 of the General Provisions Article of the Annotated Code of Maryland is subject to a fine of not more than \$5,000. If the person is not an individual, each officer and partner who knowingly authorized or participated in the violation is subject to the same penalty.

Applicant or Party of Record: _____
(Print Full Name)

RECIPIENTS OF CONTRIBUTIONS:

NAME	DATE	AMOUNT

I acknowledge and affirm that any **Contribution** I make between the filing of this disclosure and the disposition of the **Application** must be disclosed within 5 business days of the **Contribution**.

(Print Full Name)

(Sign full name & indicate legal
capacity, if applicable)

Date

This Affidavit must be signed, scanned and uploaded through the ProjectDox Zoning Petition Application process at <https://howard-md-us.avolvecloud.com/ProjectDox/>

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