



**TOWN OF PORT DEPOSIT APPLICATION  
BOARD OF APPEALS  
FOR SPECIAL EXCEPTION, VARIANCE OR APPEAL**

REQUEST IS FOR: ( ) Special Exception ( ) Variance ( ) Variance Critical Area ( ) Appeal ( ) Renewal

**Fee – Submit with Application**

Appeals	\$1000	Special Exception w/site plan	\$300
Special Exception w/out site plan	\$200	Variance	\$200

**TOWN USE ONLY**

File No: \_\_\_\_\_ Filing Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Received By (Name and Title): \_\_\_\_\_

PC or HAC Meeting: \_\_\_\_\_

Board of Appeals Meeting: \_\_\_\_\_

Appeal Decision by: \_\_\_\_\_ Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

**A. PROPERTY INFORMATION**

PROPERTY ADDRESS – PLEASE PRINT CLEARLY

TAX MAP#	BLOCK	PARCEL NO.	LOT NO.	#ACRES	ZONE
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Existing Use of Property: \_\_\_\_\_

**B. LAND USE DESIGNATION**

Is property in the Chesapeake Bay Critical Area: \_\_\_yes \_\_\_no      Is property in the Historic District: \_\_\_yes \_\_\_no  
 Is property in the Floodplain Overlay District: \_\_\_yes \_\_\_no

**C. APPLICANT INFORMATION**

APPLICANT NAME – PLEASE PRINT CLEARLY

ADDRESS	CITY	STATE	ZIP CODE	PHONE
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**D. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME – PLEASE PRINT CLEARLY

ADDRESS	CITY	STATE	ZIP CODE	PHONE
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**E. PURPOSE OF APPLICATION** – Indicate reasons why this application is submitted)

Zoning Ordinance Provision of the Chesapeake Bay Critical Area Program under which this application is being submitted (if applicable):

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Port Deposit Zoning Ordinance Provision under which this application is submitted (Section and Paragraph):

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**E. REASON FOR REQUEST** Indicate the reasons why the applicant/owner feels this request should be granted:

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**F. PROPOSED PROJECT** – Submit required site plans of property that includes the proposed project location on the property, distance from front, sides and rear property lines, and dimensions of the project, etc.

**G. ADDITIONAL REQUIREMENTS/INFORMATION**

How will the literal enforcement of the provisions of the Zoning Ordinance result in hardship for the applicant/owner:

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Describe all special conditions and circumstances that exist which are peculiar to the land, structure, or building involved:

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How will the provision of the Zoning Ordinance deprive the applicant/owner of rights commonly enjoyed by other properties in the same district:

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Does the special conditions and circumstances result from the actions of the applicant/owner: \_\_\_Yes \_\_\_No

Will the character of the historic district be changed by granting this application: \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Describe why granting this application will not be detrimental to the neighborhood or public welfare:

\_\_\_\_\_

\_\_\_\_\_

**H. APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:**

- Meeting the criteria for a Special Exception, Appeal, or Variance as set forth in Town ordinances.
- Contacting any Cecil County offices as required for the application request.
- Contacting the Chesapeake Bay Critical Area Commission, the Maryland Department of the Environment or any other state agency as required for the application request.
- Subject properties located in the Chesapeake Bay Critical Area, Floodplain Overlay District, and Historic Area Overlay District may require additional information and must meet all provisions and requirements pertaining to those areas.

**I. APPLICANT CERTIFICATIONS – Please initial line items and sign below:**

- \_\_\_\_\_ I am the owner of this property, or am providing a notarized letter of authorization from the owner.
- \_\_\_\_\_ Information provided on this application represents an accurate description of the proposed project. I have omitted no information that may affect the decision of the BOA.
- \_\_\_\_\_ I or my representative will attend the public meeting about this application. I understand that failure to appear at the hearing will result in the withdrawal of the application and subsequent fee to reapply.
- \_\_\_\_\_ I or my representative understands that approval of this application is good for one year from the time of approval.
- \_\_\_\_\_ I may request an extension through the Town of Port Deposit if needed 30 days before the expiration date.
- \_\_\_\_\_ I understand that other permits may be required for the proposed project.
- \_\_\_\_\_ I have read, understand, and agree to all statements in this application.

**APPLICANT(S) SIGNATURE:**

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

\_\_\_\_\_  
APPLICANT SIGNATURE DATE

**PROPERTY OWNER(S) SIGNATURE:**

PROPERTY OWNER SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

**TOWN USE ONLY**

Date reviewed by HAC/PC: \_\_\_\_\_

Date reviewed by BOA: \_\_\_\_\_

Action: \_\_\_\_\_

Action: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contingencies/ Conditions: \_\_\_\_\_

Contingencies/Conditions: \_\_\_\_\_

Critical Area Regulations Applicable: Yes \_\_\_ No \_\_\_

Flood Plain Regulations Applicable: Yes \_\_\_ No \_\_\_

If yes, approved by: \_\_\_\_\_

100 Year Flood Elevation \_\_\_\_\_

Date Approved: \_\_\_\_\_

Proposed structural lowest floor elevation \_\_\_\_\_

Critical Area Designation: \_\_\_\_\_

Is structure elevated/ flood proofed? \_\_\_\_\_

Total Disturbed Area: \_\_\_\_\_

Elevation Certificate required? \_\_\_\_\_

Non-conversion Agreement required? \_\_\_\_\_

If yes, date received EC: \_\_\_\_\_

**COMPLIANCE REPORT**

Date: \_\_\_\_\_

Compliance: Yes \_\_\_ No \_\_\_

Project Completed: \_\_\_\_\_