



## Town of Port Deposit Application For Preliminary or Final Subdivision Plan

Town of Port Deposit  
64 South Main Street  
Port Deposit, MD 21904  
[townhall@portdeposit.org](mailto:townhall@portdeposit.org)  
410.378.2121  
Fax: 410.378.9104

**Subdivision Review Fees (please check one):**      \_\_\_\_\_ **Preliminary**      \_\_\_\_\_ **Final**

- \_\_\_\_\_ Addition to Lots or Parcels (lot line adjustment) Staff Review.....\$100.00  
 \_\_\_\_\_ Minor Subdivision three (3) lots or less with no public improvements.....\$500.00  
 \_\_\_\_\_ Major Subdivision (more than three (3) with or without public improvements and any subdivision involving public improvements).....\$1,000 plus \$100 per lot

Applicant's Name:			
Address:			
Phone:		Email:	
Property Owner:			
Phone:		Email:	
Site Location:			
Proposed Use:			
Tax Map:	Parcel:	Zoned:	
Engineer/Consultant:			
Phone:		Email:	

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Property Owner's Signature Date

**NOTES:**

- Charges for Town Staff in excess of the hours shown in Tables 1-3 are billed at the rate of \$70 per hour.
- Services provided by private consultants and legal council will be charged to the Applicant/Developer at the full cost plus 30%.
- Declaration of Land Restriction filing fees are \$90. As-Built Engineering Review Fees vary.
- Major amendments to subdivision and site plans shall be treated as new applications. Major amendments are revisions that result in additional lots, units, square footage, major realignment or relocation of streets or parking areas, and/or substantially impact any plans for utilities or storm water management. Minor amendments shall pay a \$500 application fee.
- All required fees and additional expenses must be paid before application for site plan or subdivision approval will be considered by Staff, The Planning Commission, Board of Appeals or Mayor and Council.
- Upon recommendation of the Town Administrator and approval by the Mayor and Council, fees determined to be significantly in excess of the cost to provide the Town’s development review services may be waived in part or in whole.

**Deadline for Planning Commission Meeting: first Thursday of each month.**

<b>OFFICE USE ONLY</b>			
Zoning Permit Number:			
Fee:			
Filing Date:			
Received by:			
Concept/Preliminary Subdivision/Site Plan Approved <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions			
Zoning Admin or Agent		Date	
P&Z Chairperson		Date	
Final Subdivision/Site Plan Approved <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions			
Zoning Admin or Agent		Date	
P&Z Chairperson		Date	
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: _____	
<b>COMPLIANCE REPORT</b>			
Date: _____	Compliance: Yes ____ No ____	Work Completed: _____	