



**APPLICATION FOR ZONING CERTIFICATE
AND/OR HISTORIC AREA COMMISSION
CERTIFICATE OF APPROPRIATENESS
TOWN OF PORT DEPOSIT, MARYLAND**
64 South Main Street, Port Deposit, MD 21904
Phone: (410) 378-2121 | Fax: (410) 378-9104

PROCEDURES AND INSTRUCTIONS

Before exterior or interior repairs, restoration projects, or demolition is started on a structure, landmark or site within the Town of Port Deposit, you are required to obtain a zoning certificate. If it is an exterior project, you may be required to obtain a Certificate of Appropriateness from the Historic Area Commission. The Town of Port Deposit is on the National Historic Register and the majority of structures within the town contribute to our historic district. The Historic Overlay District is intended to preserve sites, structures, and districts of historical, archeological, or architectural significance together with their appurtenances and environmental settings.

The appointed Historic Area Commission (HAC) meets on the third Wednesday of each month at 7:00 p.m. in Town Hall at the address above. Deadline to submit applications is the Wednesday before the scheduled meeting. You will be notified if your project must be reviewed by HAC. HAC does not review interior projects.

The following must be either mailed to or dropped off at the Port Deposit Town Hall, 64 South Main Street, Port Deposit, Maryland 21904.

- ✓ Application
- ✓ Detailed building plan, site plan or design plan
- ✓ Photographs of existing structure/building
- ✓ Samples and/or brochure of replacement materials
- ✓ If not the owner, a notarized letter of authorization from the owner
- ✓ **Application fee: \$35;** payable by cash, check, or debit/credit card

Make checks payable to: Town of Port Deposit

Credit cards: 3% fee applied.

No online payments.

Please be advised:

- Acceptance of Application by staff DOES NOT indicate application approval. Incomplete applications will cause delays in processing.
- Port Deposit will review plans and compliance with all town zoning, floodplain and critical area regulations.
- It is the responsibility of the applicant and/or the property owner to call and confirm with Cecil County Department of Permits and Inspections whether a County permit is required for the proposed work. Their telephone number is 410-996-5235 and they are located at 200 Chesapeake Boulevard, Elkton, Maryland 21921. Their application is available on their website at <https://www.cecilcountymd.gov/387/Permits-Inspections-Division>. Town projects must comply with Cecil County Government building, electrical and HVAC codes, as designated on the website.

Floodplain Regulations, if applicable - The majority of North and South Main Street is in the AE designated floodplain and base flood elevations have been determined. Additional information and paperwork, such as an elevation certificate, may be required to be submitted. The Town of Port Deposit will notify you if this is applicable for your property.

Substantial Improvement: Any reconstruction, rehabilitation, addition, or other improvement of a building or structure, the cost of which equals or exceeds 50 percent (50%) of the market value or phased-in assessment value as per the Maryland Department of Assessments and Taxation, before the start of construction of the improvement. The term includes structures which have incurred substantial damage, regardless of the actual repair work performed.

Historic Structures: Repair, alteration, addition, rehabilitation, or other improvement of historic structures shall be subject to the requirements of these regulations if the proposed work is determined to be a substantial improvement, unless a determination is made that the proposed work will not preclude the structure's continued designation as a historic structure. The Floodplain Administrator may require documentation of a structure's continued eligibility and designation as a historic structure.

PART 1. PROPERTY INFORMATION**PERMIT #:** _____

Property Address: _____ Tax Map: _____ Parcel: _____ Zone: _____

PART 2. APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

Phone #: _____ Email: _____

PART 3. PROPERTY OWNER INFORMATION**_____ Same as Applicant**

Property Owner Name: _____

Property Owner Address: _____

Phone #: _____ Email: _____

PART 4. CONTRACTOR

Contractor Name: _____ Phone #: _____

Contractor's Mailing Address: _____ Email: _____

Contractor's License # (MHIC): _____ or MHBR # (new construction): _____

PART 5. PROJECT

Check one of the following: (Please use separate form for each request):

 Commercial (for business) OR Residential (for house or accessory building) Demolition Repair, Renovation or Restoration Exterior Interior Other: _____

Description of Proposed Work: _____

Estimated Cost of Proposed Work: _____

PART 6. EXTERIOR PROJECT - MATERIALS: Fill out below for the project:

	Current Material	New Material
Roof:		
Siding:		
Fascia:		
Windows:		
Porch:		
Porch Railing:		
Gutters:		
Other:		

PART 7. INTERIOR PROJECT

Project	New – Description of Work	Repair – Description of Work
Electric:		
Plumbing:		
HVAC:		
Waterproofing:		
Other:		

Applicant Certification (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 proposed work and I have omitted nothing which might affect the decision of the Historic Area Commission, Planning Commission, or administration/compliance with the floodplain and critical area regulations.

I or my representative will/ will not (circle one) attend the public meeting about this application.

I understand that this application is only for work described on this application and if during the process of completing this project, if it is discovered additional work needs to be completed an additional application will need to be submitted.

I understand any work done may be subject to the Town of Port Deposit Architectural Standards/ Guidelines

I have read, understand, and agree to all statements in this application.

Signature of Property Owner: _____ **Date:** _____

Print Name: _____

Signature of Applicant: _____ **Date:** _____

Print Name: _____

TOWN USE ONLY

Approved: _____
Zoning Administrator _____ Date _____

Historic Area Commission (HAC) Certificate of Appropriateness Required: Yes No

HAC Meeting Date: _____

Motion and Conditions: _____

Signature: _____
Chair, Historic Area Commission

Flood Zone: Yes No Critical Area: Yes No

Port Deposit Permit No: _____ Filing Date: _____

Cecil County Permit Required: Yes No