



**NEW COMMERCIAL or BUSINESS USE  
ZONING CERTIFICATE APPLICATION  
TOWN OF PORT DEPOSIT, MARYLAND  
64 South Main Street, Port Deposit, MD 21904  
Phone: (410) 378-2121 | Fax: (410) 378-9104**

**Procedures and Instructions:**

You will be notified if required to obtain permission from the Planning Commission, Historic Area Commission, or Board of Appeals before a zoning certificate may be issued. When approved, you will be issued a zoning certificate and conditions of approval if applicable. The applicant and owner are responsible for compliance with the Port Deposit Zoning Ordinance and obtaining all applicable local, county and state permits required for your business, including, but not limited to: approval and issuance of permits for occupancy, electric/plumbing, etc. as required from the Cecil County Permits & Inspections Department, Cecil County Building Inspector; and approval and issuance of permits from the Maryland and Cecil County Health Department.

The following must be either mailed to or dropped off at the Port Deposit Town Hall, 64 South Main Street, Port Deposit, Maryland 21904. Call Town Hall if you have any questions at 410.378-2121

- ✓ Application
- ✓ Business Floor Plan showing all rooms, restrooms, kitchen if applicable, etc.
- ✓ Property Site Plan if parking is provided on site showing parking area and distance from property lines
- ✓ Copy of State or County licenses received to date
- ✓ 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.
- In some instances, in order for the Town to verify the property lines for the purpose of the enforcement of the Zoning Regulations, the applicant may be required to submit a boundary survey or location survey, or may be required to have the lot staked by a competent surveyor.
- It is the responsibility of the applicant and the property owner to **call and confirm with Cecil County Department of Permits and Inspections the permits required and plans that need to be submitted for the proposed business and renovations required for the business.** Their telephone number is 410-996-5235 and they are located at 200 Chesapeake Boulevard, Elkton, Maryland 21921.
- After a zoning certificate is provided from the Town, apply for a Cecil County permit via their website at <https://www.cecilcountymd.gov/387/Permits-Inspections-Division>, if needed. Town projects must comply with Cecil County Government permitting and building codes for commercial or business use as designated on the website. A Certificate of Occupancy may be required.
- Prior authorization/approval is required from the Town of Port Deposit and/or Cecil County Permits and Inspections for any changes or conversions from the original application. All signs for the business require separate approval – please request a sign application.

**PART 1. PROPERTY INFORMATION**

PERMIT#: \_\_\_\_\_

Property Address: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Zone: \_\_\_\_\_

Floor(s) commercial use? \_\_\_\_\_ Floor(s) residential: \_\_\_\_\_ Home Occupation? \_\_\_\_\_

**PART 2. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ Business Owner \_\_\_\_ Representative

If renting commercial space, have you signed a contract with the property owner? YES / NO

**PART 3. PROPERTY OWNER INFORMATION** \_\_\_\_\_ Same as Applicant

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**PART 3. NEW BUSINESS INFORMATION**

Name of New Business: \_\_\_\_\_

Square Footage to be Utilized for New Business: \_\_\_\_\_

**Proposed Use – business examples are provided under each heading. Please check the use that applies to your proposed business and provide the type in other if it is not listed:**

- ( ) AGRICULTURAL (Aquaculture, Farmers Market, Greenhouse, Kennel, etc.) Other: \_\_\_\_\_
- ( ) BUSINESS (Professional Office Space, Insurance Office, Doctor/Dentist, etc.) Other: \_\_\_\_\_
- ( ) INDUSTRIAL (Warehouse, Manufacturing, Truck Terminal, etc.) Other: \_\_\_\_\_
- ( ) HAZARDOUS (Fueling Station, Vehicle Repair, Chemical Storage, etc.) Other: \_\_\_\_\_
- ( ) HOSPITALITY (Bed & Breakfast, Boarding House, Room for Rent, Hotel, etc.) Other: \_\_\_\_\_
- ( ) INSTITUTIONAL (School, Church, Hospital/Clinics, Nursing, Halfway or Group Home, Social Club, Retirement Home, etc.)
- Or HEALTHCARE Other: \_\_\_\_\_
- ( ) MARINA (Boat ramps, storage, rental, sales, Clubs, Repair, etc.) Other: \_\_\_\_\_
- ( ) PUBLIC FACILITIES (Fire, Police, Train, Bus Station, Towers, Utilities, etc.) Other: \_\_\_\_\_
- ( ) RECREATION (Indoor Recreation, Theatre, Golf Course, Camping, Pool, etc.) Other: \_\_\_\_\_
- ( ) RETAIL/SERVICE (Antique Shop, Bank, Art Studio, Gift Shop, Clothing Store, Florist, Sale of Goods, etc.)
- ( ) FOOD/BEVERAGE (Specialty, Coffee Shop, Bakery, Ice Cream, Tavern, Café, Restaurant, etc.)
- ( ) HOME OCCUPATION (Business located within your home) Type: \_\_\_\_\_
- ( ) OTHER: \_\_\_\_\_

If it is a temporary business location or use, please request a seasonal business or use form.

**Description of New Business** - Please be specific; only uses that are provided by the applicant in this section will be permitted:

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**Proposed Layout of Business** - Please attach a floorplan of the business use.

**Will renovations include? (circle applicable):**      Electric      Plumbing      HVAC      Parking on site

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ Employees: \_\_\_\_\_

1. If you are proposing a restaurant, what is the proposed seating capacity? \_\_\_\_\_ / Not Applicable
2. If you are proposing a restaurant, will you seek an alcoholic beverage license? \_\_\_\_\_ / Not Applicable
3. How many parking spaces have been designated for your business? \_\_\_\_\_ Please attach a parking plan.
4. Will signs be used in conjunction with the new business? YES / NO
5. Will grand opening signs be used in conjunction with the new business? YES / NO  
*If you answered yes to question 4 or 5, please request a sign application from the town.*
6. Will there be any outdoor storage or outdoor activity associated with your business? YES / NO (If yes, please attach a description of proposed outdoor storage/activity.)
7. Will the proposed use require county, state, or federal permits? YES / NO - may include building permit from Cecil County Permits and Inspections, grading, business license, health department permit (If yes, please explain and give the status of each permit.)

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**Part 4. 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 committed nothing which might affect the decision of the Historic Area Commission, Planning Commission, and/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 Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_

**TOWN USE ONLY**

Current Zoning District: B &amp; I / CCD / OS / RM / ST / WMU / EMU

Is proposed use permitted?

- ( ) Yes, by right.  
( ) Yes, by special exception.  
( ) Yes, as a continued, non-conforming use  
( ) No

Section of ordinance that permits this use: \_\_\_\_\_

County Permits required: \_\_\_\_\_

Planning Commission approval required for this use? YES / NO

If yes, when was approval granted? \_\_\_\_\_

Board of Appeals approval required for this use? YES / NO

If yes, when was approval granted? \_\_\_\_\_

Do any of the following restrictions apply?:

- ( ) Floodplain  
( ) Critical Area  
( ) Parking Requirements

Zoning Certificate Number: \_\_\_\_\_ Issued: \_\_\_\_\_

\_\_\_\_\_  
TOWN APPROVAL\_\_\_\_\_  
DATE