



Town of Port Deposit Application For Preliminary/Final Site Plan Review

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

_____ Preliminary Site Plan Review

_____ Final Site Plan Review

SITE PLAN REVIEW FEES - Residential

Project Description	Minimum Plus	Per Unit	Maximum	Staff Hours
First Five Units	\$1000	N/A	\$1000	16
Second Five Units	\$2000	N/A	\$2100	30
Eleven or More Units	\$2000	\$75	N/A	N/A

Non-Residential

Project Description	Minimum Plus	Per Unit	Maximum	Staff Hours
First 10,000 Square Feet	\$2100	N/A	\$2,100	20
Each Additional 10,000 Square Feet	\$2100	\$50		

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 counsel 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.

OFFICE USE ONLY			
Zoning Permit Number:		Fee:	
		Filing Date:	
Received by:			
PRELIMINARY SITE PLAN APPROVAL <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions			
Zoning Admin or Agent		Date	
P&Z Chairperson		Date	

FINAL SITE PLAN APPROVAL <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions			
Zoning Admin or Agent		Date	
P&Z Chairperson		Date	

Critical Area Regulations Applicable: ___ Yes ___ No If yes, approved by: _____ Date Approved: _____ Critical Area Designation: _____ Total Disturbed Area: _____ Non-conversion Agreement required? _____	Flood Plain Regulations Applicable: Yes ___ No ___ 100 Year Flood Elevation _____ Proposed structural lowest floor elevation _____ Is structure elevated/ flood proofed? _____ Elevation Certificate required? _____ If yes, date received EC: _____
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DATE APPROVALS RECEIVED:

_____ Fire Co.	_____ Critical Area	_____ HAC	_____ HOA	_____ Health
_____ SHA	_____ TAC	_____ PW	_____ Water/Artesian	_____ Easements
Other: _____				