



Application for Concept Subdivision/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

Concept, Sketch Review or General Development Plan Review.....\$700.00

| | | | |
|----------------------|---------|--------|--|
| 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

OFFICE USE ONLY

| | | | | | |
|---|--|------|--|--------------|--|
| Zoning Permit Number: | | Fee: | | Filing Date: | |
| Received by: | | | | | |
| CONCEPT SUBDIVISION/SITE PLAN APPROVAL <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions | | | | | |
| Zoning Admin or Agent | | Date | | | |
| P&Z Chairperson | | Date | | | |

Date reviewed by HAC: _____
 Action: _____
 Authorized Signature: _____
 Contingencies/ Conditions: _____

Date reviewed by P & Z: _____
 Action: _____

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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|---|
| FINAL SITE PLAN – REQUIRED FOR APPROVAL: |
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