



## APPLICATION FOR CONSTRUCTION ZONING CERTIFICATE

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 or owner is responsible for compliance with the Port Deposit Zoning Ordinance and obtaining all applicable local, county and state permits required for construction, including, but not limited to: approval and issuance of permits for occupancy, electric/plumbing, etc., 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
- ✓ A site plan, plot plan, or plat with lot lines identified:
  - Label dimensions of property and show location of existing and proposed buildings
  - Drawing indicating how far the proposed structure(s) are from the property lines
  - Show location of water and sewer meter
  - Show the topographic features of property.
- ✓ Complete construction plans – Cecil County may require signed architectural plan for commercial/industrial
- ✓ Current deed of property.
- ✓ 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 construction and use.** 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 as designated on the website. A Certificate of Occupancy shall be required for new construction projects.
- 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.
- **Certificate of Occupancy** - An occupancy permit is required and issued by the Cecil County Permits and Inspections Department when the use or occupancy of any building or premises (or both) has been created, erected, changed, converted, or wholly or partly altered or enlarged. Certificate of Occupancy shall be required for all new commercial/business applications. You must provide a building plan or diagram to scale for the business operation proposed for the building.

**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.

**New Construction:** Additional information and paperwork, such as an elevation certificate, may be required for new construction projects to determine required building elevations. 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.

**Chesapeake Bay Critical Area, if applicable**

The project may require mitigation that will be outlined in your zoning certificate.

**PART 1. PROPERTY INFORMATION**

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

Property Address: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ 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 INFORMATION**

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

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

Contractor License Number: \_\_\_\_\_

**PART 5. PROPOSAL**

\_\_\_\_\_ Construction for: \_\_\_\_\_

\_\_\_\_\_ Addition to existing structure for: \_\_\_\_\_

\_\_\_\_\_ Accessory Structure/Building on property for: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

SF – square feet

1 <sup>st</sup> Floor SF:	# Full Baths	Garage SF:
2 <sup>nd</sup> Floor SF:	# Half Baths	Carport SF:
3 <sup>rd</sup> Floor SF:	# Bedrooms	Breezeway SF:
Basement SF:	# Other rooms	Deck/Porch enclosed SF:
TOTAL SF:	Other (describe) SF:	Deck/Porch open SF:
ESTIMATED COST OF CONSTRUCTION:	Rental Property? YES / NO	Notes:

**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 Property Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**TOWN USE ONLY**

**SITE PLAN OR SUBDIVISION APPROVAL REQUIRED PRIOR TO RELEASE OF PERMIT?** \_\_\_\_YES \_\_\_\_NO PC Approval Date: \_\_\_\_\_

**FLOODPLAIN REGULATIONS**

Floodplain: Y / N Assessed Prop. Value: \_\_\_\_\_ 100-Year Flood Elevation: \_\_\_\_\_

Is structure(s) elevated? Y / N Is structure(s) flood proofed? Y / N Substantial Improvement? Y / N

Elevation Certificate (EC) required? Y / N If yes, date received EC: \_\_\_\_\_

Floodplain Construction Approved: \_\_\_\_\_  
Zoning Administrator or Agent Date

**CRITICAL AREA REGULATIONS** CAC: Y / N Critical Area Designation: \_\_\_\_\_ Total Disturbed Area: \_\_\_\_\_

Date Approved by CAC: \_\_\_\_\_ Non-conversion Agreement required? Y / N

Mitigation Required: \_\_\_\_\_

Critical Area Approved: \_\_\_\_\_  
Zoning Administrator or Agent Date

**COMPLIANCE REPORT**

Date: \_\_\_\_\_ Compliance: Yes \_\_\_\_ No \_\_\_\_ Work Completed: \_\_\_\_\_

Comments: \_\_\_\_\_