



**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](mailto: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	\$1120	N/A	\$1120	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		30
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.

<b>OFFICE USE ONLY</b>				
Zoning Permit Number:		Fee:		
Received by:				
<b>PRELIMINARY SITE PLAN APPROVAL</b> <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions				
Zoning Admin or Agent		Date		
P&Z Chairperson		Date		
Date reviewed by HAC: _____		Date reviewed by P & Z: _____		
Action: _____		Action: _____		
Authorized Signature: _____				
Contingencies/ Conditions: _____ _____ _____				
Critical Area Regulations Applicable: Yes _____ No _____ If yes, approved by: _____		Flood Plain Regulations Applicable: Yes _____ No _____ 100 Year Flood Elevation _____		
Date Approved: _____		Proposed structural lowest floor elevation _____		
Critical Area Designation: _____		Is structure elevated/ flood proofed? _____		
Total Disturbed Area: _____		Elevation Certificate required? _____		
Non-conversion Agreement required? _____		If yes, date received EC: _____		
<b>FINAL SITE PLAN APPROVAL</b> <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions				
Zoning Admin or Agent		Date		
P&Z Chairperson		Date		
Date reviewed by HAC: _____		Date reviewed by P & Z: _____		
Action: _____		Action: _____		
Authorized Signature: _____				
Contingencies/ Conditions: _____ _____ _____				
<b>DATE APPROVALS RECEIVED:</b>				
Fire Co.	Critical Area	HAC	HOA	Health
SHA	TAC	PW	Water/Artesian	Easements
Other: _____				