



**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  
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\_\_\_\_\_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: \_\_\_\_\_

Action: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contingencies/ Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Critical Area Regulations Applicable: Yes \_\_\_\_ No \_\_\_\_

If yes, approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Critical Area Designation: \_\_\_\_\_

Total Disturbed Area: \_\_\_\_\_

Non-conversion Agreement required? \_\_\_\_\_

Date reviewed by P &amp; Z: \_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

<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: \_\_\_\_\_

Action: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contingencies/ Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date reviewed by P &amp; Z: \_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE APPROVALS RECEIVED:**

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