



TOWN OF PORT DEPOSIT, MARYLAND

Application for Historic Area Commission Certificate of Appropriateness

Procedures and Instructions

The Town of Port Deposit is on the National Historic Register. The Historic Overlay District is intended to preserve sites, structures, and districts of historical, archeological, or architectural significance together with their appurtenances and environmental settings.

The following must be either mailed to or dropped off at the Port Deposit Town Hall, 64 South Main Street, Port Deposit, Maryland 21904.

- ✓ Application
- ✓ Detailed building or design plan.
- ✓ Photographs of existing structure/building.
- ✓ Samples and/or brochure of replacement materials.
- ✓ If not the owner, a notarized letter of authorization from the owner.
- ✓ **Application fee: \$20**; payable by cash, check, or debit/credit card.

Make checks payable to: Town of Port Deposit

Credit cards: 3% fee applied.

No online payments.

Acceptance of Application by staff DOES NOT indicate application approval. Incomplete applications will cause delays in processing.

Please be advised:

- Port Deposit will review plans and compliance with all town zoning, floodplain and critical area regulations.
- It is the responsibility of the applicant and the property owner to **call and confirm with Cecil County Department of Permits and Inspections whether a County permit is required** for the proposed work. Their telephone number is 410-996-5235 and they are located at 200 Chesapeake Boulevard, Elkton, Maryland 21921. Their application is available on their website at <https://www.cecilcountymd.gov/387/Permits-Inspections-Division>. Town projects must comply with Cecil County Government codes, as designated on the website.
- **If a permit is required from Cecil County**, the applicant must provide a copy of the permit to the town before work begins.

**APPLICATION FOR HISTORIC AREA COMMISSION
CERTIFICATE OF APPROPRIATENESS
TOWN OF PORT DEPOSIT, MARYLAND
64 South Main Street, Port Deposit, MD 21904
Phone: (410) 378-2121 | Fax: (410) 378-9104**

Property Address: _____ **Tax Map:** _____ **Parcel:** _____ **Lot:** _____ **Zone:** _____

Applicant: _____ **Phone #:** _____

Applicant Address: _____ **Email:** _____

Property Owner: _____ **Phone #:** _____

Property Owner Address: _____ **Email:** _____

Contractor Name: _____ **Phone #:** _____

Contractor's Mailing Address: _____ **Email:** _____

Contractor's License # (MHIC): _____ **or MHBR # (new construction):** _____

Check one of the following: (Please use separate form for each request):

_____ **Demolition** _____ **Addition** _____ **New Construction**

_____ **Exterior Repair, Renovation or Restoration**

_____ **Historic Feature or Landmark, i.e. granite or stone retaining wall, fence.**

_____ **Other:** _____

Description of Proposed Work: _____

Estimated Cost of Proposed Work: _____

Exterior Work: Fill out below for any alteration, repair, or renovation.

	Current Material	New Material
Roof:	_____	_____
Siding:	_____	_____
Fascia:	_____	_____
Windows:	_____	_____
Porch:	_____	_____
Porch Railing:	_____	_____
Gutters:	_____	_____
Fence:	_____	_____
Retaining Wall:	_____	_____
Other:	_____	_____

Floodplain Regulations

NOTE: The majority of North and South Main Street is in the AE designated floodplain and base flood elevations have been determined. Additional information and paperwork are required to be submitted. 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.

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 omitted 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: _____

Signature of Applicant: _____ Date: _____

TOWN USE ONLY

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

Critical Area Approved: _____
Zoning Administrator or Agent Date

COMPLIANCE REPORT

Date: _____ Compliance: Yes _____ No _____ Work Completed: _____

Comments: _____

DEMOLITION PROJECTS

County Inspection Date: _____ Action: _____

Violations: _____

Comments: _____