



Town of Port Deposit Application For Preliminary/Final Subdivision Plan Review

Town of Port Deposit
64 South Main Street
Port Deposit, MD 21904
townhall@portdeposit.org
410.378.2121
Fax: 410.378.9104

Subdivision Review Fees (please check one):

- _____ Addition to Lots or Parcels (lot line adjustment) Review.....\$250.00
- _____ Minor Subdivision three (3) lots or less with no public improvements..... \$560.00
- _____ Major Subdivision (more than three (3) with or without public improvements and any subdivision involving public improvements)

Project Description	Minimum	Plus Per Lot	Maximum	Staff Hours
Minor Subdivision	\$1,120	NA	\$1,120	16
Major Subdivision	\$1,120	\$100	N/A	N/A

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 council 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.

OFFICE USE ONLY			
Zoning Permit Number:			
Fee:			
Filing Date:			
Received by:			
Concept Subdivision/Site Plan Approved <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions			
Zoning Admin or Agent		Date	
P&Z Chairperson		Date	

Date reviewed by PC: _____ 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 Council: _____ 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: _____
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COMPLIANCE REPORT

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

