



Application for Rezoning

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

Applicant's Name:		Phone:
Address:		Email:
Property Owner:		Phone:
Address:		Email:
Contractor Name:		Phone:
Address:		Email:
License Number:	Address:	
Present Zoning:	Requested Zoning:	
Present Use:	Proposed Use:	
REASON FOR REZONING REQUEST		
Mistake in Comprehensive Rezoning of October 7, 2003 <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please Explain:		
Substantial Change in the Character of the Neighborhood <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please Explain:		
Mistake in Chesapeake Bay Critical Area Land Use Designation of July 5, 1988 <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Please Explain:		
ADDITIONAL COMMENTS		
Applicant Signature:		Date:
Applicant Signature:		Date:
Owner Signature:		Date:
Owner Signature:		Date:

The payment of additional fees may be required if the Town incurs additional expenses processing your application

OFFICE USE ONLY

Permit Number: _____

Rezoning Fee: \$300 _____

Filing Date: _____

Critical Area (Select one): ☐ Yes ☐ No _____

Tax Map: _____

Parcel: _____

Lot: _____

Meeting Date: _____

Comments: _____

Date of Public Notice: _____

Date Copy of Notice in Record: _____

Date of Notice to Interested Parties: _____

Date Property Posted: _____

Finding of Facts: _____

Date Rezoning Authorization
Approved: _____

Date Official Zoning Maps Changed: _____

Date Signed: _____

Town Administrator
P&Z Chairperson _____

Date
Date _____