

REZONING

APPLICATION PROCEDURES AND INSTRUCTIONS

1. The following must be submitted to the Town of Port Deposit, 64 S. Main Street, Port Deposit, MD 21904:

- Application
- Sketch of proposed project that indicates property size, boundaries, structures, adjacent streets, etc.
- Fee for application (non-refundable)

Acceptance of application by staff does not indicate application approval. All applications must be reviewed and approved by the Zoning Administrator, Planning Commission and Town Council. Incomplete applications may cause delays in processing.

2. Application Fee.....\$300.00

Note: An additional fee for this review will be determined based on time required for the review by staff, town engineer and/or town attorney. Other fees may apply if unforeseen expenses are incurred by the town to process your application. Floodplain and/or Critical Area Regulations may apply.

Make checks payable to: Town of Port Deposit.

3. Applicants will be notified by Certified Mail of scheduled public hearings. Failure to attend scheduled hearings will result in the application being withdrawn. If the applicant requires the application rescheduled for hearing, a new application must be submitted with the required fee.

4. APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

- Meeting the criteria for granting a rezoning request, as set forth in the Port Deposit Zoning Ordinance. A copy of the pertinent section of the Ordinance is attached for your convenience.
- Contacting the Health Department, 401 Bow St., Elkton, (410-996-5160) relative to the application, or other County Departments as required for granted request.

5. Subject properties located in the Chesapeake Bay Critical Area may require additional information and must meet all provisions and requirements pertaining to those areas.

6. Deadline – 15th of each month for the next month’s meetings.

BE ADVISED – As required by the Zoning Ordinance, approximately 21 to 28 days prior to the meeting:

1. Adjoining property owners will be notified of your application.
2. A person from the town will post your property with a notice advertising the scheduled public hearings. Please ensure that the notice remains on your property until the public hearings are finished. Thank you.

QUESTIONS? – CONTACT THE TOWN OF PORT DEPOSIT 410-378-2121



**TOWN OF PORT DEPOSIT
REZONING APPLICATION**

DATE FILED: _____

AMOUNT PD: _____

ACCEPTED BY: _____

FILE NO: _____

APPLICANT INFORMATION

_____ Owner _____ Representative

APPLICANT NAME – please print clearly (additional names can be listed on page 3)

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

PROPERTY INFORMATION

CRITICAL AREA? _____ YES _____ NO

SUBJECT PROPERTY ADDRESS _____ SIZE OF PROPERTY _____

ELEC. DISTRICT _____ ACCOUNT# _____ TAX MAP# _____ BLOCK _____ PARCEL _____ LOT# _____

PRESENT ZONING: _____ REQUESTED ZONING: _____

PRESENT USE OF PROPERTY: _____ PROPOSED USE OF PROPERTY: _____

PREVIOUS ZONING CHANGE? _____ YES _____ NO If yes, explain: _____

TIME SCHEDULE FOR PROPOSED DEVELOPMENT: _____

REASON FOR REZONING REQUEST

MISTAKE IN THE COMPREHENSIVE REZONING OF OCTOBER 7, 2003? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

SUBSTANTIAL CHANGE IN THE CHARACTER OF THE NEIGHBORHOOD? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

MISTAKE IN CHESAPEAKE BAY CRITICAL AREA LAND USE DESIGNATION OF JULY 5, 1988 _____YES _____NO

IF YES, PLEASE EXPLAIN: _____

ADDITIONAL COMMENTS (attached sheet if necessary): _____

EXPLAIN ANY PROBLEM AREAS AND PROPOSALS TO CORRECT THOSE AREAS

LIST THE NAME AND ADDRESSES OF ADDITIONAL APPLICANTS

APPLICANT NAME (please print clearly)	ADDRESS	PHONE
APPLICANT NAME	ADDRESS	PHONE
APPLICANT NAME	ADDRESS	PHONE

LIST THE NAME AND ADDRESSES OF ALL PROPERTY OWNERS

OWNER NAME (please print clearly)	ADDRESS	PHONE
OWNER NAME	ADDRESS	PHONE
OWNER NAME	ADDRESS	PHONE

CERTIFICATION – SIGNATURES

I/We certify that the information and exhibits submitted are true and correct to the best of my/our knowledge and belief.

APPLICANT(S):

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
_____ PRINT NAME	_____ SIGNATURE	_____ DATE
_____ PRINT NAME	_____ SIGNATURE	_____ DATE

OWNER(S):

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
_____ PRINT NAME	_____ SIGNATURE	_____ DATE
_____ PRINT NAME	_____ SIGNATURE	_____ DATE

TOWN USE ONLY:

PLANNING COMMISSION MTG DATE: _____ Public Notice paper: _____ Prop.Posted: _____

Date Notices sent to interested parties w/in 200 feet: _____

PC RECOMMENDATION: _____ Approved _____ Denied

REASON: _____

PC Chair Signature: _____ Date: _____

COUNCIL MTG DATE: _____ Approved _____ Denied

REASON: _____

Mayor Signature: _____ Date: _____

DATE ZONING MAP CHANGED AND SIGNED: _____