



**TOWN OF PORT DEPOSIT APPLICATION
BOARD OF APPEALS
FOR SPECIAL EXCEPTION, VARIANCE OR APPEAL**

REQUEST IS FOR: () Special Exception () Variance () Variance Critical Area () Appeal () Renewal

Fee – Submit with Application

Appeals	\$1000	Special Exception w/site plan	\$300
Special Exception w/out site plan	\$200	Variance	\$200

TOWN USE ONLY

File No: _____ Filing Date: _____ Fee: _____

Received By (Name and Title): _____

Planning Commission Meeting: _____

Board of Appeals Meeting: _____

Appeal Decision by: _____ Permit No. _____ Date: _____

A. PROPERTY INFORMATION

PROPERTY ADDRESS – PLEASE PRINT CLEARLY

TAX MAP#	BLOCK	PARCEL NO.	LOT NO.	#ACRES	ZONE
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Existing Use of Property: _____

B. LAND USE DESIGNATION

Is property in the Chesapeake Bay Critical Area: ____yes ____no Is property in the Historic District: ____yes ____no
Is property in the Floodplain Overlay District: ____yes ____no

C. APPLICANT INFORMATION

APPLICANT NAME – PLEASE PRINT CLEARLY

ADDRESS	CITY	STATE	ZIP CODE	PHONE
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D. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME – PLEASE PRINT CLEARLY

ADDRESS	CITY	STATE	ZIP CODE	PHONE
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E. PURPOSE OF APPLICATION – Indicate reasons why this application is submitted)

Zoning Ordinance Provision of the Chesapeake Bay Critical Area Program under which this application is being submitted (if applicable):

Port Deposit Zoning Ordinance Provision under which this application is submitted (Section and Paragraph):

E. REASON FOR REQUEST Indicate the reasons why the applicant/owner feels this request should be granted:

F. SKETCH OF PROPOSED PROJECT – Submit sketch of property that includes the proposed project location on the property, distance from front, sides and rear property lines, and dimensions of the project.

G. ADDITIONAL REQUIREMENTS/INFORMATION

How will the literal enforcement of the provisions of the Zoning Ordinance result in hardship for the applicant/owner:

Describe all special conditions and circumstances that exist which are peculiar to the land, structure, or building involved:

How will the provision of the Zoning Ordinance deprive the applicant/owner of rights commonly enjoyed by other properties in the same district:

Does the special conditions and circumstances result from the actions of the applicant/owner:

_____ Yes _____ No

Will the character of the district be changed by granting this application: _____ Yes _____ No

If yes, please explain: _____

Describe why granting this application will not be detrimental to the neighborhood or public welfare:

H. APPLICANT IS RESPONSIBLE FOR THE FOLLOWING:

- Meeting the criteria for a Special Exception, Appeal, or Variance as set forth in Town ordinances.
- Contacting any Cecil County offices as required for the application request.
- Contacting the Chesapeake Bay Critical Area Commission, the Maryland Department of the Environment or any other state agency as required for the application request.
- Subject properties located in the Chesapeake Bay Critical Area, Floodplain Overlay District, and Historic Area Overlay District may require additional information and must meet all provisions and requirements pertaining to those areas.

I. APPLICANT CERTIFICATIONS – 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 the proposed project. I have omitted no information that may affect the decision of the HAC, PC, BOA and/or Council.

_____ I or my representative will attend the public meeting about this application. I understand that failure to appear at the hearing will result in the withdrawal of the application and subsequent fee to reapply.

_____ I or my representative understands that approval of this application is good for one year from the time of approval.

I may request an extension through the Town of Port Deposit if needed 30 days before the expiration date.

_____ I understand that other permits may be required for the proposed project.

_____ I have read, understand, and agree to all statements in this application.

APPLICANT(S) SIGNATURE:

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

PROPERTY OWNER(S) SIGNATURE:

PROPERTY OWNER SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

PROPERTY OWNER SIGNATURE

DATE

TOWN USE ONLY

Date reviewed by PC: _____

Date reviewed by BOA: _____

Action: _____

Action: _____

Authorized Signature: _____

Authorized Signature: _____

Contingencies/ Conditions: _____

Contingencies/Conditions: _____

Critical Area Regulations Applicable: Yes ____ No ____

Flood Plain Regulations Applicable: Yes ____ No ____

If yes, approved by: _____

100 Year Flood Elevation _____

Date Approved: _____

Proposed structural lowest floor elevation _____

Critical Area Designation: _____

Is structure elevated/ flood proofed? _____

Total Disturbed Area: _____

Elevation Certificate required? _____

Non-conversion Agreement required? _____

If yes, date received EC: _____

COMPLIANCE REPORT

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