



**TOWN OF PORT DEPOSIT APPLICATION  
ZONING CERTIFICATE and/or CONSTRUCTION APPROVAL  
HISTORIC AREA COMMISSION CERTIFICATE OF APPROPRIATENESS**

**FEES – please submit with application**

Zoning, Construction and/or Change of Use Authorization	\$35	Historic Area Commission	\$20
or Certificate of Occupancy**		Fence Permit	\$15

**Note:** All Engineer stamped or Architect certified drawings including structural details and projects requiring critical area and floodplain regulation approval shall be reviewed by the town engineer. An additional fee for this review will be determined based on time required for the review. Other fees may apply if unforeseen expenses are incurred by the town to process your application. Floodplain and/or Critical Area Regulations may apply.

**TOWN USE ONLY**

_____ Historic Area Commission Certificate of Appropriateness	and/ or	_____ Zoning, Construction, Change of Use - Certificate of Approval
Flood Zone: _____		Critical Area: Yes _____ No _____
Port Deposit Permit No: _____		Filing Date: _____
Cecil County Permit Required: Yes _____ No _____		County Permit No: _____
Received by: _____		Fee: _____
HAC Meeting Date: _____		P & Z Meeting Date: _____

**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)**

- |  |                                       |
|--|---------------------------------------|
| _____ <b>Demolition</b>                      | _____ <b>Excavation</b>               |
| _____ <b>Minor Alteration/ Repair</b>        | _____ <b>Major Alteration/ Repair</b> |
| _____ <b>Change of Use/Cert.of Occupancy</b> | _____ <b>Addition</b>                 |
| _____ <b>Renovation</b>                      | _____ <b>New Building</b>             |
| _____ <b>Other:</b> _____                    |                                       |

**Description of Proposed Work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Exterior Alteration/ Repair, Renovation, Addition, or New Building

Are you using in-kind materials for alteration, repair, or renovation? \_\_\_\_yes \_\_\_\_no

Roof Shingle Design \_\_\_\_\_ Siding Design \_\_\_\_\_

Fascia Design \_\_\_\_\_ Windows Design \_\_\_\_\_

Porch Design \_\_\_\_\_ Porch Railing Design \_\_\_\_\_

**\*\*You must provide pictures or sample of all replacement materials.**

### Depending on your project, you must attach the following:

- Photographs of existing structure/building
  - Design Plans/ Sketch of the items/project
  - Location Map indicating property location
  - Site Plan, Plot Plan or Plat of the property drawn to scale indicating location of items to be considered and setback from property lines
  - Other (Town of Port Deposit will specify if additional information is needed)
- Shingle Samples
  - Window Samples/ Brochures

**NOTE:** Commercial/Industrial Building permits require architecturally sealed building plans prepared by a State of Maryland Licensed Architect.

## FLOODPLAIN REGULATIONS

**Applicable:** \_\_\_\_Yes \_\_\_\_No

**Cost of Proposed Project:** \_\_\_\_\_ **Assessed Value of Property:** \_\_\_\_\_

**NOTE:** The majority of North and South Main Street is in the AE designated floodplain and base flood elevations have been determined.

**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.

100 Year flood elevation: \_\_\_\_\_ Elevation Certificate (EC) required? \_\_\_\_Yes \_\_\_\_No

Is structure(s) elevated? \_\_\_\_Yes \_\_\_\_No If yes, date received EC: \_\_\_\_\_

Is structure(s) flood proofed? \_\_\_\_Yes \_\_\_\_No Substantial Improvement? \_\_\_\_Yes \_\_\_\_No

Flood Construction Approved: \_\_\_\_\_  
Zoning Administrator or Agent \_\_\_\_\_ Date \_\_\_\_\_

## CRITICAL AREA REGULATIONS

**Applicable:** Yes \_\_\_\_ No \_\_\_\_ Critical Area Designation: \_\_\_\_\_

Date Approved by CAC: \_\_\_\_\_ Total Disturbed Area: \_\_\_\_\_

Non-conversion Agreement required? \_\_\_\_\_

Critical Area Approved: \_\_\_\_\_  
Zoning Administrator or Agent \_\_\_\_\_ Date \_\_\_\_\_

## **\*\*Change of Use/Certificate of Occupancy**

An occupancy permit is required issued by the Cecil County Permits and Inspections Department (200 Chesapeake Blvd, Suite 2200, Elkton, 410.996.5235) when the use or occupancy of any building or premises (or both) has been created, erected, changed, converted, or wholly or partly altered or enlarged. Certificate of Occupancy shall be required for all new commercial/business applications.

### **Fees**

Sewer Connection Fee/Service: Contact Cecil County Dept. of Public Works: 410.996.5262.

Water Connection Fee/Service: Contact Artesian Water, Maryland at 1-800-332-5114.

**ADDITIONAL FEES:** Commercial/Industrial Projects: For All Major Alterations/ Repairs, Renovations, and/or Additions Engineer Stamped or Architect certified drawings, including structural details are required by Cecil County and Town. All NEW Residential and Commercial/Industrial construction shall require Engineer Stamped or Architect certified drawings including structural details that shall be reviewed by the town engineer. When Cecil County Permit is required (see top of first page of application) applicant must return to Port Deposit Town Hall with copy of Cecil County Permit placard to receive Town of Port Deposit permit placard. Both Cecil County and Town of Port Deposit placards must be displayed on property where work is being done.

### **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 I have omitted nothing which might affect the decision of the Historic Area Commission and / or Planning & Zoning Commission.
- \_\_\_\_\_ 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**

Approved: \_\_\_\_\_

Zoning Administrator or Agent

Date

Date reviewed by HAC: \_\_\_\_\_

Date reviewed by P & Z: \_\_\_\_\_

Action: \_\_\_\_\_

Action: \_\_\_\_\_

Contingencies/ Conditions: \_\_\_\_\_

Contingencies/Conditions: \_\_\_\_\_

Signature: \_\_\_\_\_

Chair, Historic Area Commission

Signature: \_\_\_\_\_

Chair, Planning Commission

## COMPLIANCE REPORT

Date: \_\_\_\_\_ Compliance: Yes \_\_\_\_\_ No \_\_\_\_\_ Work Completed: \_\_\_\_\_

Comments: \_\_\_\_\_

## Demolition Projects

County Inspection Date: \_\_\_\_\_ Action: \_\_\_\_\_

Violations: \_\_\_\_\_

Comments: \_\_\_\_\_