



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

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

SITE PLAN REVIEW FEES - Residential

Project Description	Minimum Plus	Per Unit	Maximum	Staff Hours
First Five Units	\$1120	N/A	\$1120	16
Second Five Units	\$2000	N/A	\$2100	30
Eleven or More Units	\$2000	75	N/A	N/A

Non-Residential

Project Description	Minimum Plus	Per Unit	Maximum	Staff Hours
First 10,000 Square Feet	\$2100	N/A	\$2100	30
Each Additional 10,000 Square Feet	\$2100	\$50	N/A	N/A
Additions to Lots or Parcels (Lot Line Adjustment)	\$135.00			Engineer Review

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 APPROVAL <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions			
Zoning Admin or Agent		Date	
P&Z Chairperson		Date	
Date reviewed by HAC: _____		Date reviewed by P & Z: _____	
Action: _____		Action: _____	
Authorized Signature: _____		_____	
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: _____	

FINAL SITE PLAN APPROVAL <input type="checkbox"/> With Conditions Attached <input type="checkbox"/> Without Conditions			
Zoning Admin or Agent		Date	
P&Z Chairperson		Date	
Date reviewed by HAC: _____		Date reviewed by P & Z: _____	
Action: _____		Action: _____	
Authorized Signature: _____		_____	
Contingencies/ Conditions: _____		_____	
_____		_____	

DATE APPROVALS RECEIVED:

_____ Fire Co.	_____ Critical Area	_____ HAC	_____ HOA	_____ Health
_____ SHA	_____ TAC	_____ PW	_____ Water/Artesian	_____ Easements
Other: _____				