



**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 Comm. Review	\$20
Change of Use or Certificate of Occupancy		Planning Commission Review	\$35

**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. Planning Commission review may be required if there is a change in the intensity of the type of use. 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 or 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: _____

**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):**

- |   |  |
|---|--|
| _____ Demolition                                  | _____ Excavation                           |
| _____ Minor Alteration/ Repair                    | _____ Major Alteration/ Repair             |
| _____ Change of Use/Cert. of Occupancy            | _____ Addition                             |
| _____ Renovation: ___ interior ___ exterior       | _____ New Construction                     |
| _____ New Business/New Owner & Cert. of Occupancy | _____ Electric or HVAC: ___ new ___ repair |
| _____ New Construction                            | _____ Plumbing: ___ new ___ repair         |
| _____ Other: _____                                |  |

**NOTE: 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.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type and Description of Proposed Business:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Liquor License Required? \_\_\_\_\_ Food Service? \_\_\_\_\_

**Repair or Renovation**

Are you doing electrical work? \_\_\_\_\_ Please check what applies: \_\_\_\_\_new panelboard \_\_\_\_\_new wiring \_\_\_\_\_repair

Please describe: \_\_\_\_\_

Are you doing HVAC work? \_\_\_\_\_ Please check what applies: \_\_\_\_\_new equipment \_\_\_\_\_new wiring \_\_\_\_\_repair

Please describe: \_\_\_\_\_

Are you doing plumbing work? \_\_\_\_\_ Please check what applies: \_\_\_\_\_new lines/pipes \_\_\_\_\_repair

**Exterior Work:** Fill out below for any alteration, repair, or renovation

	Current Material	New Material
Roof:	_____	_____
Siding:	_____	_____
Fascia:	_____	_____
Windows:	_____	_____
Porch:	_____	_____
Porch Railing:	_____	_____
Gutters:	_____	_____
Other:	_____	_____

**Depending on your project, submit the following with your application:**

- Port Deposit Historic Area Commission will review all exterior repair/renovation projects.
- Photographs of existing structure/building and type of material.
- Exterior building or design plan.
- Provide samples and/or brochure of replacement materials.

**New Addition or Building**

Plans must be submitted for a permit that have enough clarity and detailed dimensions to show the nature and character of the work to be done.

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

- A diagram of the property drawn to a specified scale, showing actual dimensions & shape of lot.
- Exact size & location of existing building and proposed addition (site or plot plan, or building plan).
- Exact size, location and dimensions of the proposed new building on the property.
- Location of water source and sewage disposal for new building.
- Location of driveway and/or access to the property if applicable.
- Floodplain and/or Critical Overlay District properties – separate regulations apply:
  - Number and location of trees to be removed.

- Define location of impervious surfaces that will be added, removed or modified.
- Other - Town of Port Deposit will specify if additional information is needed.

**NOTE:** All building, electric, HVAC, plumbing, Certificate of Occupancy, Change of Use, Demolition and Health Department permits for Port Deposit projects are issued through the Permits and Inspections Department of Cecil County Government. Town projects must comply with ALL current codes adopted by Cecil County. Port Deposit will review plans and compliance with all floodplain and critical area regulations.

**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. Additional information and paperwork is required to be submitted.

**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

### 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, 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 and I have omitted nothing which might affect the decision of the Historic Area Commission, Planning Commission, and/or administration/compliance with the floodplain and critical area regulations.
- \_\_\_\_\_ 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

HAC meeting date: \_\_\_\_\_ Planning Comm. meeting date: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Chair, Historic Area Commission Chair, Planning Commission

**COMPLIANCE REPORT**

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

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

\_\_\_\_\_

**Demolition Projects**

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

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

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