CONSTRUCTION/ZONING AUTHORIZATION
Town of North East, MD 21901-0528
P.O. Box 528 /106 South Main Street
Phone (410) 287-5801 / Fax (410) 287-8267

Permit No.	
Recd. By _____	
Fee _____	
Date Recd. _____	

(TO BE COMPLETED BY APPLICANT)

ADDRESS OF PROPOSED CONSTRUCTION OR PROPOSED USE_____

APPLICANT _____

APPLICANT ADDRESS _____

APPLICANT PHONE NUMBER _____ FAX NO. _____

PROPERTY OWNER _____ PHONE NO. _____ FAX NO. _____

PROPERTY OWNER ADDRESS _____

CONTRACTOR NAME _____ PHONE NO. _____ FAX NO. _____

CONTRACTOR ADDRESS _____

CONTRACTOR LICENSE NUMBER _____

PROPOSED USE AND DESCRIPTION OF WORK _____

MAP NO.	PARCEL NO.	LOT NO.	SECTION NO.	ZONING

GARAGE SF		BASEMENT SF	# FULL BATHS	
CARPORT SF		1ST FLOOR SF	# HALF BATHS	
BREEZEWAY SF		2ND FLOOR SF	# BEDROOMS	
DECK/PORCH ENCLOSED SF		3RD FLOOR SF	TOTAL SF	
DECK/PORCH UNENCLOSED SF		OTHER SF	CONSTRUCTION COST	

FOR USE OF OFFICE STAFF ONLY

MINIMUM YARD REQUIREMENTS: Shall be as follows:
1. Front yard depth to be no less than _____ feet from front property line.
2. Rear yard depth to be no less than _____ feet from rear property line.
3. Side yard depth to be no less than _____ feet from side property line.
4. Maximum height of structure(s) not to exceed _____ stories or _____ feet in height.
5. Others: _____
_____

FLOODPLAIN: Are floodplain regulations applicable to this authorization? _____ YES _____ NO
1. 100 year flood elevation _____   4. Elevation Certificate Required ____ yes ____ no
2. Proposed structural lowest floor elevation _____ 5. Nonconversion Agreement Required ____ yes___ no
3. Is structure(s) _____ Elevated _____ Flood proofed

Flood Construction Approved: _____
    Zoning Official or Agent   Date

CHESAPEAKE BAY CRITICAL AREA: Are Chesapeake Bay Critical Area regulations applicable to this
authorization? _____ YES_____ NO
Critical Area Designation _____ Total Disturbed Area _____
If yes, approved by: _____
        Zoning Official or Agent   Date

SITE PLAN APPROVAL REQUIRED? _____ YES _____ NO

If yes, Approved by _____
        Planning Commission or Agent   Date

Construction Authorization Approved: _____ without conditions _____ with attached conditions

Zoning Official or Agent: _____ Date: _____

OWNER OR OWNERS REPRESENTATIVE ACCEPTANCE OF CONDITIONS:
Use of property and structure(s) as indicated above is subject to but not limited to:
1. Approval and Issuance of permits (Building and Certificate of Use and/or Occupancy) by Cecil County Building Inspector.
2. Approval and issuance of permits by the Maryland State and Cecil County Health Departments.
3. Approval and issuance of permits by Cecil County Plumbing Inspector.
4. Approval and issuance of permits by Cecil County Electrical Inspector.

USE OF THE ABOVE PROPERTY AS LOCATED BY THE APPLICANT, OWNER OR AGENT, FOR THE USE INDICATED BY THE APPLICANT, OWNER OR AGENT, IS APPROVED, SUBJECT TO THE CONFORMITY OF THE USE AND LOCATION WITH THE MINIMUM REQUIREMENTS AND SPECIFICATIONS OF THE ZONING ORDINANCE FOR THE TOWN OF NORTH EAST, MARYLAND, ADOPTED DECEMBER 7, 1980, AND AMENDMENTS THERETO. IT IS THE RESPONSIBILITY OF THE APPLICANT, OWNER OR AGENT, TO COMPLY WITH ALL THE REQUIREMENTS OF THE ZONING ORDINANCE. PENALTIES FOR VIOLATIONS ARE INDICATED IN SECTION 10.10 OF THE ORDINANCE.

I HAVE READ, I UNDERSTAND AND I AGREE TO THE CONDITIONS OF APPROVAL AS SET FORTH IN THIS CONSTRUCTION AUTHORIZATION AND ALL ATTACHMENTS REFERRED TO AS PART OF THIS CONSTRUCTION AUTHORIZATION:

_____
SIGNATURE OF OWNER OR OWNERS REPRESENTATIVE   DATE