



Town of North East, Maryland Site Plan Application

1. The following must be mailed to the Office of Planning and Zoning, P.O. Box 528, North East, Maryland 21901-0528 OR dropped of at the Town Hall, 106 South Main Street:

- ✓ Application
- ✓ Copy of current Deed or Deeds
- ✓ Fee for application (non-refundable)

Acceptance of Application by staff DOES NOT indicate application approval. Incomplete applications will cause delays in processing.

2. Development Expense Agreement: Prior to acceptance of application, a Development Expense Agreement must be executed with the Town of North East.
3. Application Fee:
 - ✓ Residential site plan: \$100.00
 - ✓ Commercial or industrial site plan: \$250.00

Make check payable to: Town of North East

PLEASE SUBMIT SITE PLAN IN ACCORDANCE WITH THE NORTH EAST ZONING ORDINANCE REGULATIONS.

IF YOU SHOULD HAVE ANY QUESTIONS – PLEASE CONTACT THE OFFICE OF PLANNING AND ZONING AT 410-287-5801.

SITE PLAN APPLICATION - TOWN OF NORTH EAST
P.O. BOX 528 / 106 SOUTH MAIN STREET
NORTH EAST, MARYLAND 21901-0528
PHONE 410-287-5801 / FAX 410-287-8267

PART 1. APPLICANT INFORMATION

Owner _____ Representative _____

APPLICANT NAME – (PLEASE PRINT CLEARLY – LIST ADDITIONAL NAMES ON PAGE 5): _____

APPLICANT ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

PART 2. PROPERTY INFORMATION

PROPERTY OWNER NAME – (PLEASE PRINT CLEARLY – LIST ADDITIONAL NAMES ON PAGE 5): _____

PROPERTY OWNER ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

LOCATION OF PROPERTY: _____ SIDE OF _____ (STREET)

PROPERTY ADDRESS: _____

TAX MAP # _____ BLOCK # _____ PARCEL # _____

DEED REFERENCE: LIBER _____ AND FOLIO _____

ZONING CLASSIFICATION: _____ ACRES: _____

CRITICAL AREA LAND USE DESIGNATION: _____

EXISTING USE OF PROPERTY: _____

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PROVISION OF THE NORTH EAST ZONING ORDINANCE UNDER WHICH THIS APPLICATION IS SUBMITTED (SECTION AND PARAGRAPH): _____

HAS THIS SITE PLAN OR WILL THIS SITE PLAN BE REVIEWED BY THE COUNTY TECHNICAL ADVISORY COMMITTEE OF CECIL COUNTY: _____

PURPOSE OF THIS APPLICATION (DESCRIBE): _____

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LIST THE NAMES AND ADDRESSES OF ALL APPLICANTS: ATTACH ADDITIONAL SHEETS IF NECESSARY

(Please Print Clearly)

OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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LIST THE NAMES AND ADDRESSES OF ALL PROPERTY OWNERS: ATTACH ADDITIONAL SHEETS IF NECESSARY

(Please Print Clearly)

OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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OWNER NAME	ADDRESS	PHONE
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CERTIFICATION – SIGNATURES

I/WE CERTIFY THAT THE INFORMATION, EXHIBITS AND ATTACHMENTS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

APPLICANT(S):

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

OWNER(S):

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE

PRINT NAME SIGNATURE DATE