



Town of North East, Maryland Minor Subdivision - Procedures and Instructions

1. The following must be mailed to the Office of Planning and Zoning, P.O. Box 528, North East, Maryland 21901-0528 OR dropped off at the Town Hall, 106 South Main Street:
 - ✓ Application
 - ✓ Plat
 - ✓ 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 subdivision with new development preliminary and final plat: \$100.00 per lot plus review fees including but not limited to engineering fees and legal fees
 - ✓ Residential subdivision without new development preliminary and final plat: \$75.00 per lot plus review fees including but not limited to engineering fees and legal fees
 - ✓ Commercial or industrial site plan with subdivision: \$250.00 plus review fees including but not limited to engineering fees and legal fees

Make check payable to: Town of North East

MINOR SUBDIVISION 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

THIS APPLICATION IS FOR A MINOR SUBDIVISION

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: FOLIO _____ AND LIBER _____

ZONING CLASSIFICATION: _____ ACRES: _____

CRITICAL AREA LAND USE DESIGNATION: _____

EXISTING USE OF PROPERTY: _____

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DATE THIS MINOR SUBDIVISION WILL BE/HAS BEEN HEARD BY THE COUNTY TECHNICAL ADVISORY COMMITTEE OF CECIL COUNTY: _____

HOW MANY LOTS IS APPLICANT PROPOSING TO CREATE? _____

HAVE THE ZONING DISTRICT PROVISIONS BEEN MET WITH REGARD TO LOT DEPTH, LOT WIDTH AND LOT AREA? IF NOT, WILL APPLICANT BE APPLYING FOR A VARIANCE FROM THE NORTH EAST BOARD OF APPEALS?

HAVE FLOODPLAIN REGULATIONS BEEN ADDRESSED?(IF APPLICABLE): _____

HAVE THE CHESAPEAKE BAY CRITICAL AREA REGULATIONS BEEN ADDRESSED? (IF APPLICABLE):

PURPOSE OF THIS APPLICATION (DESCRIBE). _____

WILL A VARIANCE BE REQUIRED FOR PURPOSES OF STRUCTURE(S) PLACEMENT ON THE PROPOSED SUBDIVIDED LOTS? IF YES, EXPLAIN _____

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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
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PRINT NAME	SIGNATURE	DATE
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PRINT NAME	SIGNATURE	DATE
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PRINT NAME	SIGNATURE	DATE
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PRINT NAME	SIGNATURE	DATE
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OWNER(S):

PRINT NAME	SIGNATURE	DATE
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PRINT NAME	SIGNATURE	DATE
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PRINT NAME	SIGNATURE	DATE
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PRINT NAME	SIGNATURE	DATE
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PRINT NAME	SIGNATURE	DATE
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