

TOWN OF ST. MICHAELS

FINAL SITE PLAN REVIEW APPLICATION

(SEE §110-7 of the Code of the Town of St. Michaels)

OFFICE USE ONLY:

FILE NUMBER: _____

APPLICATION REC'D – DATE: _____ TIME: _____

PROJECT INFORMATION

(1) PROPERTY OWNER _____

BUSINESS OWNER: _____

MAILING ADDRESS: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

(2) PROJECT NAME: _____

(3) PROJECT ADDRESS: _____

(4) TAX MAP: _____ PARCEL #: _____ LOT#: _____

(5) ZONING: _____

(6) PLAN PREPARED BY: COMPANY NAME: _____

REPRESENTATIVE: _____

ADDRESS: _____

PHONE NUMBERS(S): _____, _____

(7) SEWER: COMMUNITY _____

(8) WATER: COMMUNITY _____

(9) HISTORIC: YES _____ NO _____

(10) CRITICAL AREA (CIRCLE) YES / NO ZONE CLASSIFICATION _____

(11) SQUARE FOOTAGE AND USE OF ALL EXISTING AND PROPOSED
STRUCTURES:

Use: _____ Existing Square Footage: _____ Proposed: _____

Use: _____ Existing Square Footage: _____ Proposed: _____

Use: _____ Existing Square Footage: _____ Proposed: _____

Use: _____ Existing Square Footage: _____ Proposed: _____

(12) FLOODPLAIN ZONES: YES _____ A B C NO _____

(13) SUMMARY OF PROPOSED: _____

§ 110-7. Final site plan.

Two copies of the final site plan, revised to meet all conditions, shall be submitted to the Zoning Inspector for review. The final site plan shall include the signature and seal of a Maryland registered land surveyor, registered professional engineer, registered architect, registered landscape architect or professional planner (AICP) responsible for the accuracy of the site plan and who is operating within the scope of his license with respect to the services provided. One set will be returned to the applicant with the Planning Commission Chairman's signature of approval.

APPLICANT'S FAILURE TO ADEQUATELY ADDRESS ALL APPLICATION, AND CHECKLIST ITEMS AND THOSE SPECIFICATIONS SET OUT IN CHAPTER 110 OF THE CODE OF THE TOWN OF ST. MICHAELS, MAY RESULT IN A PROJECT BEING CONSIDERED INCOMPLETE OR INACCURATE. ANY SUCH DEFICIENCIES MAY RESULT IN THE RETURN OF THE APPLICATION WITHOUT PROCEEDING THROUGH THE REVIEW PROCESS.

I HEREBY CERTIFY THAT THIS APPLICATION AND ASSOCIATED PLAN(S) ARE TECHNICALLY CORRECT AND ACCURATE TO THE EXTENT NECESSARY FOR MEETING ST. MICHAELS REQUIREMENTS FOR SKETCH SITE PLAN REVIEW SUBMISSION.

Applicant(s) signature

Date

Applicant(s) Name (Please Print)

BUILDING PERMIT APPLICATIONS SHALL NOT BE SUBMITTED UNTIL FINAL SITE PLAN APPROVAL HAS BEEN GRANTED