

**General Information**

Subdivision/Site Plan Name: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Account #(s): \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Plat Revision Only**

Previous Plat being revised (P&Z No.) \_\_\_\_\_

Type of Revision (Check all that apply) Lot Line Revision  Adjoining of Parcels  SRA Change  Other

Is this an "exempt" subdivision under 140-4? If yes check which exemption is claimed:

Adjoining Parcels  Exchange of Land  Agricultural Purposes  Transfer for Public Purposes

**Infrastructure**

**Portable Water Supply:**

Individual: Yes  No

**Sewage Disposal:**

Yes  No

Public Community: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

Private Community: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

Shared Facility: Yes  No

Yes  No

Is an interior road to be constructed? Yes  No

Will the owner be entering into a Road Construction Agreement? Yes  No

Name of road to be constructed: \_\_\_\_\_

**Environmental Features:**

Do the following environmental features apply to this site?

100 yr. Floodplain: Yes  No  If yes, Base flood elevation is: \_\_\_\_\_

Chesapeake Bay Critical Area: Yes  No  If yes, Critical Area Designation is: \_\_\_\_\_  
(RCA, LDA, IDA)

If designation is RCA, is this an intrafamily transfer? Yes  No

Is this project subject to the Forest Conservation Act? Yes  No

If yes, indicate how the Act applies: Declaration of Intent  or Forest Conservation Plan

Is a local agency or person using state funds making application for this subdivision/site plan? Yes  No

Signatures (Owner must sign)

The undersigned hereby submits to the Dorchester County Planning Commission an application for subdivision or site plan. The owner hereby authorizes required inspections of this property.

\_\_\_\_\_  
Signature of Owner/Date

\_\_\_\_\_  
Signature of applicant or agent/date

\_\_\_\_\_  
Signature of Owner/Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Email

Office Use Only

Application received by: \_\_\_\_\_ Subdv./Site Plan Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_  
(Staff Initials)

Forest Conservation Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Critical Area Fee in Lieu \$ \_\_\_\_\_ Date Paid \_\_\_\_\_