

TOWN OF EASTON

14 S. Harrison Street / P.O. Box 520

Easton, Maryland 21601

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DEVELOPMENT APPLICATION

PUD

PRD

HC

SP

Date _____ 20_____ Project Number _____

Submission: Sketch Plan: () Preliminary Site Plan: () Final Site Plan: ()

Planning Commission Review Required? YES () NO ()

(If yes, date of meeting: _____ Fee: _____

- * SITE PLAN YES () NO ()
- * LANDSCAPING PLAN YES () NO ()
- * FOREST CONSERVATION PLAN YES () NO ()

ZONING CLASSIFICATION

Applicant

1. Name: _____ Telephone: _____ Fax: _____

Address: _____

E-Mail Address _____

Owner

2. Name: _____ Telephone: _____ Fax: _____

Address: _____

E-Mail Address _____

Agent

3. Name: _____ Telephone: _____ Fax: _____

Address: _____

E-Mail Address _____

Primary Contact

Applicant

Agent

Owner

(Please Circle One)

4. Nature of Project: () RESIDENTIAL () COMMERCIAL () INDUSTRIAL () INSTITUTIONAL

5. Size of Structure _____ (Square Feet gross floor area).

6. Disturbed Area _____ (Square Feet)

7. Address _____ Map _____ Parcel _____