



Town of Easton
 Engineering, Planning and Zoning
 14 South Harrison Street, Easton, MD 21601

Site Plan, PUD, Planned Healthcare Application

Application Type

Planned Unit Development Amendment Health Care (HC) Site Plan

Subdivision Information

Name			
Original Property Size	Acres		Square Feet
Telephone No.		Email	

Site Plan Information

Property Size	Acres		Square Feet	
Structure's Floor Area			Structure's Square Feet	
Area of Disturbance			Number of Dwelling Units	

Property Information

Address				
Tax Map	Grid		Parcel	Lot
Deed Reference:	Liber		Folio	
Plat Reference:	Liber		Folio	
Base Zoning District		Historic	Y <input type="checkbox"/> N <input type="checkbox"/>	Planned Redevelopment
Source of Electricity			Y <input type="checkbox"/> N <input type="checkbox"/>	

Owner

Name			
Mailing Address			
Telephone No.		Email	

Applicant or Agent

Name			
Mailing Address			
Telephone No.		Email	

Surveyor / Engineer

Name		License No.		Expiration Date	
Mailing Address					
Telephone No.		Email			

Any modifications during review shall warrant an updated application.

I hereby certify that I have reviewed and satisfied the Town of Easton Development Standards and that submission of an incomplete application will be returned for correction prior to processing.

Signature of Applicant or Agent

Date

Printed Name of Applicant or Agent

For Office Use Only

Planning Commission Required	Y <input type="checkbox"/>	N <input type="checkbox"/>
Planning Commission Meeting Date	<input type="text"/>	
Sketch Approval Date	<input type="text"/>	Project No. <input type="text"/>
Prelim/Dev. Approval Date	<input type="text"/>	Application No. <input type="text"/>
Final Approval Date	<input type="text"/>	Sketch Fee Paid <input type="text"/>
Recordation Date	<input type="text"/>	Develop. Fee Paid <input type="text"/>

Revised 02-2019