



**Cecil County Department of Public Works  
Development Services Division**  
200 Chesapeake Boulevard, Suite 2450  
Elkton, MD 21921

Phone: 410-996-5267  
Fax: 410-996-8414

## Grading and Driveway Entrance Permit Application

### Site Information

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_  
 ADC Coordinates: Map \_\_\_\_\_ Grid \_\_\_\_\_  
 Lot Area: \_\_\_\_\_ ac. \_\_\_\_\_ ft<sup>2</sup>  
 Total Disturbed Area: \_\_\_\_\_ ac. \_\_\_\_\_ ft<sup>2</sup>  
 Total Volume of Cut/Fill (Cubic Yards): \_\_\_\_\_  
 Is Project w/n Critical Areas: Y/N (Circle)  
 Existing Impervious Area: \_\_\_\_\_ ft<sup>2</sup>  
 Proposed Impervious Area: \_\_\_\_\_ ft<sup>2</sup>  
 Tax Assessment Use: \_\_\_\_\_

### Approvals Required Prior to Issuance of the Permit (Attach Copies of All Applicable Approvals)

Stormwater Management Plan  
 Erosion & Sediment Control Plan  
 Forest Conservation Plan  
 MDE NPDES Notice of Intent No. \_\_\_\_\_  
 MDE Waterway Construction Permit No. \_\_\_\_\_  
 MDE Non-Tidal Wetland Permit No. \_\_\_\_\_  
 MDE Water Quality Certification No. \_\_\_\_\_  
 US Army Corps of Engineers Wetland Permit No. \_\_\_\_\_

Subdivision or Site Plan Name (if applicable): \_\_\_\_\_  
 Minor Subdivision Name & Number (if applicable): \_\_\_\_\_  
 Site Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Driveway Entrance onto:    \_\_\_ State Road    \_\_\_ County Road    \_\_\_ Private Road

**Owner (Company Name):** \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

**Contractor/Applicant (Company Name):** \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

**Engineer (Company Name):** \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact E-mail Address: \_\_\_\_\_

This application form must be submitted with copies of the approved erosion and sediment control plan and the stormwater management plan. The grading permit will not be issued if the erosion and sediment control plan expires within 90 days of the submittal of this application. The grading permit shall be valid for a period of one (1) year from the date of approval. Upon request and adequate justification from the permittee, the Department of Public Works may grant a six month extension. If an extension is granted and work is not completed within the extended time frame the grading permit will expire and the applicant must reapply for a new grading permit.