

TOWN OF OCEAN CITY  
ALL AREAS HIGHLIGHTED  
MUST BE COMPLETED

PHONE 410-289-8855

INSPECTION DEPARTMENT  
Application# \_\_\_\_\_  
Date Issued \_\_\_\_\_

LOCATION 911 ADDRESS \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_

**I. TYPE AND COST OF BUILDING PERMIT**

<b>A. TYPE OF IMPROVEMENT</b>	<b>B. PROPOSED OR EXISTING USE</b>	<b>C. NON-RESIDENTIAL</b>
<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> OF STRUCTURE	<input type="checkbox"/> AMUSEMENT
<input type="checkbox"/> ADDITION	<input type="checkbox"/> MOBILE	<input type="checkbox"/> CHURCH/OTHER RELIGIOUS
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> ONE FAMILY	<input type="checkbox"/> OFFICE, BANK
<input type="checkbox"/> REPAIR/REPLACEMENT	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> STORES/MERCANTILE
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> TOWN-HOUSE	<input type="checkbox"/> RESTAURANT
<input type="checkbox"/> MOVING/RELOCATION	<input type="checkbox"/> HOTEL/MOTEL	
<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> MULTI-FAMILY	OTHER _____
<input type="checkbox"/> CONVERSION	<input type="checkbox"/> OTHER SPECIFY _____	
<input type="checkbox"/> REVISION		

LOWEST FLOOR ELEVATION -+ \_\_\_\_\_ NGVD

**II. COST OF IMPROVEMENTS (LABOR & MATERIAL) \$ \_\_\_\_\_**

**DESCRIPTION OF WORK BEING DONE TO PROPERTY** \_\_\_\_\_

**III. FOR NEW CONSTRUCTION ONLY GENERAL DETAILS PROPOSED**

FIRE SPRINKLERS ( )YES ( )NO	PLUMBING ( )YES ( )NO	#OF STORIES _____
ELEVATOR ( )YES ( )NO	PLUMBING PERMIT# _____	TOTAL SQ FT FL AREA _____
PILING/FOUNDATION ( )YES ( )NO	ELECTRIC ( )YES ( )NO	#SQ. FT. LAND AREA _____
# OF UNITS _____	#OF BEDRMS _____	# OFF ST. PARKING _____
		HEIGHT OF BLDG FT. _____

Identification	Name	Number, Street, City & State	Zip Code	Phone Number
Recorded Property Owner				
Contractor				
Architect				

O.C Business License# \_\_\_\_\_ MHIC \_\_\_\_\_ HVACR# \_\_\_\_\_ Home Builders License \_\_\_\_\_

Marine Contractors License # \_\_\_\_\_

HVACR Company Name & Address \_\_\_\_\_

O.C. Business License# \_\_\_\_\_ Signature \_\_\_\_\_

**ELECTRICIAN'S WIRTTEN STATEMENT A MARYLAND LICENSED MASTER ELECTRICIAN MUST APPEAR IN PERSON AT THE BUILDING INSPECTION OFFICE TO COMPLETE THE FOLLOWING:**

Name \_\_\_\_\_ Trading as \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone# \_\_\_\_\_

I certify that I am presently licensed in the County of \_\_\_\_\_ License # \_\_\_\_\_ as a \_\_\_\_\_  
And have been hired to perform the electrical work covered by this building permit

\_\_\_\_\_  
SIGNATURE DATE O.C. BUSINESS LICENSE #

A CERTIFICATE OF OCCUPANCY **MAYBE REQUIRED** BEFORE BUILDING **CAN** BE OCCUPIED. THIS PERMIT SHALL EXPIRE SIX (6) MONTHS FROM THE DATE OF APPROVAL UNLESS SUBSTANTIAL CONSTRUCTION HAD COMMENCED. ALL IMPROVEMENTS TO PROPERTY MUST COMPLY WITH ALL APPLICABEL CODES INCLUDING BUT NOT LIMITED TO BUILDING, ZONING, FIRE AND ANY STATE OR FEDERAL CODES.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**PROPERTY OWNER'S SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**APPLICATION DATE** \_\_\_\_\_

DISCLAIMER: Applicant warrants the truthfulness of the information in this application. If any information is found to be incorrect or if application and permit is issued wrongfully whether based on misinformation or an improper application of the code; the application and or permit may be revoked.

**OFFICE USE ONLY**

**Fire Review Fee**            \$ \_\_\_\_\_  
**Engineering Review Fee**    \$ \_\_\_\_\_  
**Building Permit Fee**        \$ \_\_\_\_\_  
**P & Z Preliminary Fee**     \$ \_\_\_\_\_  
**Escrow Bond**                \$ \_\_\_\_\_  
**HVAC Mechanical Fee**      \$ \_\_\_\_\_  
**SW Permit Fees**            \$ \_\_\_\_\_  
**Balance Due**                \$ \_\_\_\_\_  
**P & Z Balance**             \$ \_\_\_\_\_  
**Temp Trailer Fee**          \$ \_\_\_\_\_

**Impact Fee Water**            \$ \_\_\_\_\_  
**Impact Fee Sewer**            \$ \_\_\_\_\_  
**Infrastructure Fee**            \$ \_\_\_\_\_  
**Builders Guarantee Fund** \$ \_\_\_\_\_  
**Grand Total Paid**            \$ \_\_\_\_\_  
**Grand Total Paid**            \$ \_\_\_\_\_  
**Receipt #**                    \_\_\_\_\_  
**Date**                            \_\_\_\_\_  
**Receipt #**                    \_\_\_\_\_  
**Date**                            \_\_\_\_\_

**Cost of Landscape Required \$** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**APPROVALS:**

**ZONING ADMINISTRATOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BUILDING OFFICIAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

DISCLAIMER: Applicant warrants the truthfulness of the information in this application. If any information is found to be incorrect or if application and permit is issued wrongfully whether based on misinformation or an improper application of the code; the application and or permit may be revoked.