

Application # _____

Date Issued _____

I. LOCATION

911 Address _____ Zoning District _____

II. TYPE AND COST OF BUILDING

A. TYPE OF IMPROVEMENT

- NEW BUILDING
- ADDITION
- ALTERATION
- REPAIR/REPLACEMENT
- DEMOLITION
- MOVING-RELOCATION
- FOUNDATION ONLY
- CONVERSION
- REVISION

B. PROPOSED OR EXISTING USE OF

- STRUCTURE-FOR DEMOLISH MOST**
- RECENT USE RESIDENTIAL**
- MOBILE
- ONE FAMILY
- DUPLEX
- TOWNHOUSE
- HOTEL/MOTEL
- MULTI-FAMILY
- OTHER-SPECIFY _____

C. NON-RESIDENTIAL

- AMUSEMENT
- CHURCH, OTHER RELIGIOUS
- OFFICE, BANK,
- STORES, MERCANTILE
- RESTAURANT
- OTHER _____

LOWEST FLOOR ELEVATION - + _____ NGVD

Cost Of Improvement(s) (Labor & Material)\$ _____

Describe Improvements To Property _____

III GENERAL DETAILS PROPOSED FOR NEW CONSTRUCTION

FIRE SPRINKLERS Yes No PLUMBING Yes N # OF STORIES _____

ELEVATOR Yes No PLUMBING PERMIT # _____ TOTAL SQ. FT. FL. AREA _____

PILING/FOUNDATION Yes No ELECTRIC Yes N #SQ. FT. OF LAND AREA _____

UNITS _____ # BDRMS _____ # OFF ST. PARKING _____ HEIGHT OF BLDG. (FT) _____

Identification	Name	Number, Street, City & State	Zip Code	Phone
Recorded Property Owner:				
If Under Contract of Sale:				
Contractor:				
Architect:				

O.C. Business Lic. # _____ MHIC # _____ HVACR # _____ Home Builder License # _____

HVACR Company Name & Address _____

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

Complete the following: Name _____ Trading as _____

Complete Mailing Address _____ Phone _____

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 MUST BE OBTAINED BEFORE A BUILDING MAY BE OCCUPIED. THIS PERMIT SHALL EXPIRE SIX (6) MONTHS FROM THE DATE OF APPROVAL UNLESS SUBSTANTIAL CONSTRUCTION HAS COMMENCED. ALL IMPROVEMENTS TO PROPERTY MUST COMPLY WITH ALL APPLICABLE 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 _____

DO NOT WRITE BELOW THIS POINT - FOR OFFICE USE ONLY

Fire Review Fee	\$ _____	Impact Fee Water	\$ _____
Engineering Review Fee	\$ _____	Impact Fee Sewer	\$ _____
Building Permit Fee	\$ _____	Infrastructure Fee	\$ _____
P & Z Preliminary Fee	\$ _____	Builders Guarantee Fund	\$ _____
Escrow Bond	\$ _____	Grand Total Paid	\$ _____
HVAC/Mechanical Fee	\$ _____	Grand Total Paid	\$ _____
SW Permit Fee	\$ _____	Receipt # _____	
Balance Due	\$ _____	Date _____	
P & Z Balance	\$ _____	Receipt # _____	
Temp Trailer Fee	\$ _____	Date _____	
		Receipt # _____	

Cost Of Landscape Required: \$ _____ Date _____

Comments: _____

APPROVALS:

ZONING ADMINISTRATOR _____ DATE _____

BUILDING OFFICIAL _____ DATE _____