

Application: BOARD OF PORT WARDENS Date: _____

PO BOX 158

Request: _____

OCEAN CITY MD 21843

Receipt: _____

410-289-8855

Fee Paid: _____

Hearing Date: _____

APPLICANT SECTION:

Please circle one: \$287-Major Minor-\$138

Recorded Property Owner: _____

Complete Mailing Address: _____

Phone # _____ E-mail address: _____

Applicant: _____

Complete Mailing Address: _____

Phone # _____

Lot# _____ Parcel# _____ Block# _____ Plat# _____ Section# _____

Job Address: _____

Description of Work:

Storm Drain Outfall Pipe _____ YES _____ NO

Adjacent Property Owner with Complete Mailing Address: _____

Adjacent Property Owner with Complete Mailing Address: _____

///SIGNATURE OF APPLICANT: _____

If applicant is other than a recorded property owner, please complete the following:

Dear Sir or Madam: I hereby authorize _____

to act as the applicant on my behalf, to obtain the required permits from the Board of Port Wardens, the Department of the Environment prior to the issuance of a building permit.

Signature of Recorded Property Owner: _____

Signature of Recorded Property Owner: _____

This application must be completed before processing and 9 copies of all drawings must be submitted along with this application.