

**PLANNING & COMMUNITY DEVELOPMENT****Building & Inspections Division**

Town of Ocean City
permits@oceancitymd.gov
Ocean City, MD 21842
410-524-6763

PLUMBING AND FUEL GAS PERMIT APPLICATION

APPLICATION #

| Project Information | | | | | |
|--|-------------|-------------------------|--|------------------|------------|
| Address | | | | | |
| Project Description | | | | | |
| | | | | | |
| Plumbing Contractor | | | | | |
| Name | | | | | |
| Address | | | | | |
| Phone Number | | Email Address | | | |
| State License No. | | OC Business License No. | | | |
| Bath Fixtures | Residential | Commercial | Miscellaneous Fixtures | Residential | Commercial |
| Lavatory | | | BFP/Pool | | |
| Shower/Tub | | | Clothes Washer | | |
| Toilet | | | Drinking Fountain | | |
| Urinal/Bidet | | | Floor Drain w/water | | |
| Other | | | Laundry Tub | | |
| Other | | | Water Cooled Equipment | | |
| Kitchen Fixtures | Residential | Commercial | Water Heater | | |
| Bar Sink | | | Other | | |
| Dipper Well | | | Other | | |
| Dishwasher | | | | | |
| Garbage Disposal | | | | | |
| Hand Sink | | | | | |
| Kitchen Sink | | | | | |
| Steam Fixtures with Water | | | | | |
| Other | | | | | |
| Other | | | | | |
| Total | 0 | 0 | Total | 0 | 0 |
| OFFICIAL USE ONLY IMPACT FEES | | | Fuel Gas Appliances | Residential | Commercial |
| Water/Sewer | | | Dryer | | |
| Fixture(s) | | | Fireplace | | |
| Total | | | Fryer | | |
| | | | Furnace | | |
| | | | Grill | | |
| | | | Pool Heater | | |
| | | | Range | | |
| | | | Water Heater | | |
| | | | Other | | |
| | | | Other | | |
| | | | Total | 0 | 0 |
| NO WORK shall commence until the Building Permit has been ISSUED. Please read carefully and sign below: I certify I am a registered and insured Master Plumber/Master Gas Fitter or possess a Maryland Propane Gas Fitter Certification, as required by the State of Maryland Board of Plumbing. I shall furnish the required drawings & specifications for this project. I understand that any changes to this project will require the revised drawings & specifications shall be submitted to this Department for review and approval. Approved further understand it is my responsibility to give the required advance notice to the Town of Ocean City Plumbing Inspection Section when plumbing work is ready for testing and inspection. I acknowledge the above information is correct and agree to comply with all Town of Ocean City and State of Maryland plumbing regulations and policies for obtaining plumbing/gas fitting permits. | | | Permit Fees | Rate Per Fixture | Amount |
| | | | Residential Plumbing/Fuel Gas Minimum Cost \$45.00 | 15.00 | - |
| | | | Commercial Plumbing/Fuel Gas Minimum Cost \$90.00 | 30.00 | - |
| | | | | No. of Services | Amount |
| | | | Flat Rate Fee of \$90.00 for Cap-Off, Water Service, Water Re-Pipe, Sewer Lateral and Other | | - |
| | | | Total Costs | \$ | - |

Plumbing Contractor Signature

Date

Plumbing Approval Signature/Date

Revised 3/26/2024