

PLANNING & COMMUNITY DEVELOPMENT
Building & Inspections Division

Town of Ocean City
permits@oceancitymd.gov
 Ocean City, MD 21842
 410-289-8855



APPLICATION FOR BUILDING PERMIT

APPLICATION #

I. Project Information

Address	<input type="text"/>
Project Description	<input type="text"/>
Construction Valuation	\$ <input type="text"/>

II. Description of Work

Demolition	Fence	Roofing & Siding	Plumbing
Electrical	HVAC/Mechanical	Marine	Shed/Accessory Structure
Emergency Repair	Repair/Replacement	Paving	Other:

III. Property Type

Single Family	Duplex/Townhouse	Condominium	Multi-Family	Rental	Other:
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IV. Contact Information

Owner	<input type="text"/>				
Address	<input type="text"/>				
Phone Number	<input type="text"/>	Email	<input type="text"/>		
Signature of Owner if Acting as Contractor X					Date

AFFIDAVIT

I hereby certify that I am the owner in fee or the authorized agent of the owner in fee of the property upon which the work authorized by the permit sought will be performed. All work will be performed in accordance with all applicable laws of the Commonwealth of Maryland and the Town of Ocean City.

SIGNATURE OF APPLICANT	ADDRESS	APPLICATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINT NAME	EMAIL/PHONE	ROLE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contractor	<input type="text"/>				
Address	<input type="text"/>				
Phone Number	<input type="text"/>	Email	<input type="text"/>		
MHIC License No.	<input type="text"/>	MHBR No.	<input type="text"/>	OC Business License No.	<input type="text"/>
Signature of Contractor X					Date

Electrical Contractor	Mechanical Contractor				
ADDRESS		ADDRESS			
<input type="text"/>		<input type="text"/>			
PHONE NUMBER	EMAIL	PHONE NUMBER	EMAIL		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MHIC License No.	State License No.	OC Business License No.	MHIC License No.	State License No.	OC Business License
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Electrical Contractor X					Date

REQUIRED [Plumbing Permit Application](#)

Plumbing Contractor	<input type="text"/>				
Address	<input type="text"/>				
Phone Number	<input type="text"/>	Email	<input type="text"/>		
MHIC License No.	<input type="text"/>	State License No.	<input type="text"/>	OC Business	<input type="text"/>

V. Add on Permits

Boardwalk Vehicle Permit \$50.00 per day	Construction Equipment Permit \$50.00
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Start Date	End Date	Start Date	End Date
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Vehicle Type	Vehicle Weight	72 hours of City Right of Way use requires Certificate of Insurance
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Any closure of all or a portion of any city street, sidewalk, public parking space, or alley for the purposes of construction staging, material storage or other related use shall require a permit from the Town of Ocean City. *Applicant shall submit a Certificate of Liability to the Engineering Department naming the Ocean City Mayor and City Council as additional insured in the amount of \$1,000,000 and a site plan showing location of City Right of Way use.*

Site Plan Requirement

Applications for new construction, decks, fences, paving, HVAC equipment (exterior), sheds, and accessory structures **shall be accompanied by a site plan** showing any existing building or structure, all property lines with dimensions, all streets, easements, and setbacks. Show all utilities such as water, sewer, communication services, natural gas, telephone, and cable TV. Show all required parking, landscaping elements, drainage, and site grading information. Indicate drainage inflow and outflow locations and specify areas required to be maintained for drainage purposes. Show north arrow. Show dimensions for the location and size of components delineated on the site plan.

Window/Glazing Information

Residential structures less than 4 stories in height using these values will be deemed approved.

DP Rating 45 (or higher)	SHGC 0.40 (or less)	Skylight U-Factor 0.55 (or less)	Window U-Factor 0.32 (or less)
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LOWER VALUES ARE PERMITTED BUT WILL REQUIRE A REVIEW AND THE FOLLOWING:

DP Rating	SHGC	Skylight U-Factor	Window U-Factor	Height Above Grade
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ALL OTHER WINDOWS WILL REQUIRE A REPORT BY AN ENGINEER.

Emergency Repair Information

Emergency repair permits are only permitted for work that is to prevent or abate immediate danger to life or property or as permitted by the building official. AC repair or replacement is not an emergency repair.

A property owner or authorized agent shall apply for an emergency repair within next business day of the work.

Emergency repair work is not authorization to continue work beyond what is necessary to abate immediate

Roofing Information

Replacement of asphalt shingles meeting ASTM D 7158G, ASTM D 7158H, ASTM D 3161 A, D, or F.

Other roofing materials require an installation certification from an architect, engineer, or other approved

Mechanical Information

The short application is for HVACR equipment replacement or repair only.

The short application for HVACR alterations and additions shall also include notification that a Manual J, S, & D or engineered design to be reviewed and approved.

The short application for HVACR equipment replacement for RTU's shall include the data plate of the existing equipment and the specs/data plate of the proposed equipment. If a significant weight difference exists, an analysis from structural engineer will be required with the application.

Electrical Information

Third-party review and approval may be required prior to permit issuance.

Additional Information

If a homeowner acts as a contractor and performs their own work, it is still unlawful for a homeowner to hire any person for construction activities. A homeowner is not permitted to perform any mechanical, electrical, plumbing or gas work.

If the applicant is different than the owner, the applicant attests that permission has been given by the owner for the applicant to act as the authorized agent.

If free labor or materials are provided, include an estimated fair market value for these items.

The applicant attests that the information provided is true and accurate. If any information is found to be incorrect or if any information affecting the project or application changes, a stop work order may be placed on the project or actions taken until all corrections have been made.