

All highlighted areas must be completed



LOCATION 911 ADDRESS: _____ **ZONING DISTRICT** _____

I. TYPE AND COST OF BUILDING PERMIT

√	A. TYPE OF IMPROVEMENT	√	B. PROPOSED OR EXISTING USE OF STRUCTURE	√	C. NON-RESIDENTIAL (If applicable)
	NEW BUILDING		MOBILE		AMUSEMENT
	ADDITION		SINGLE FAMILY		CHURCH/OTHER RELIGIOUS
	ALTERATION		DUPLEX/TOWNHOUSE		OFFICE/BANK
	REPAIR/REPLACEMENT		HOTEL/MOTEL		STORE/MERCANTILE
	DEMOLITION		MULTI-FAMILY		RESTAURANT
	FOUNDATION ONLY		OTHER (SPECIFY):		OTHER:

LOWEST FLOOR ELEVATION ± _____ NAVD FLOOD ZONE: _____

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

DESCRIPTION OF WORK BEING DONE TO PROPERTY _____

III. IDENTIFICATION

Name of Recorded Property Owner	Address, City, Zip Code	Phone Number	Email
Name of Contractor	Address, City, Zip Code	Phone Number	Email

If applicable: OC Business License No. _____ **MHIC License No.** _____ **Marine License No.** _____

IV. FOR NEW CONSTRUCTION ONLY: Home Builders Lic. No. _____

General Details Proposed	Yes	No	General Details Proposed	Yes	No	General Details Proposed
Fire Sprinklers			Plumbing			No of Stories
Elevator			Plumbing Permit No.			Total SQ FT Floor Area
Piling/Foundation			Electric			No SQ FT Land Area

No. of Units _____ No. of Bedrooms _____ No. of Off Street Parking Spaces _____ Height of Building (FT) _____

≈ **HVACR'S WRITTEN STATEMENT:** A Maryland Licensed Master HVACR must appear in person at the Building Inspection Office to complete the following:

HVACR Company Name _____ **Trading as** _____

Address _____ **Email** _____

O.C. Business License _____ **HVAC Lic No** _____ **Phone No.** _____

SIGNATURE _____ **DATE** _____

≈ **ELECTRICIAN'S WRITTEN STATEMENT:** A Worcester County Maryland Licensed Electrician must appear in person or submit a signed and notarized application at the Building Inspection Office to complete the following:

ELECTRICIAN: Name _____ **Trading as** _____

Address _____ **Email** _____

O.C. Business License _____ **Phone No.** _____

I certify that I am presently licensed in the County of _____, MD, Electrician License No. _____ as a _____ and have been hired to perform the electrical work covered by this building permit.

SIGNATURE _____ **DATE** _____

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 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** _____

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 \$ _____	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 Fees \$ _____	Receipt # _____
Balance Due \$ _____	Date _____
P & Z Balance \$ _____	Receipt # _____
Temp Trailer Fee \$ _____	Date _____
Cost of Landscape Required \$ _____	

Comments: _____

APPROVALS

ZONING ADMINISTRATOR _____ **DATE** _____

BUILDING OFFICIAL _____ **DATE** _____

ENGINEERING OFFICIAL _____ **DATE** _____

Please Note: The above mentioned fees may not be the total of all required fees. Additional fees may apply prior to the issuance of the actual permit.