

BOARD OF PORT WARDENS APPLICATION

Planning & Community Development
Board of Port Wardens
P.O. Box 158
Ocean City, MD 21843
410-520-5377



Major \$287	<input type="checkbox"/>
Minor \$138	<input type="checkbox"/>
Case Number:	
Hearing Date:	

Recorded Property Owner:		
Home Mailing Address:		
Phone:	E-Mail Address:	
Job Address:		
Parcel #	Storm Drain Outfall Pipe on Property: Yes	No
Applicant:	Phone:	
Address:	E-Mail:	
Description of Work:		
Adjacent Property Owner:		
Complete Mailing Address:		
Adjacent Property Owner:		
Complete Mailing Address:		
If the Applicant is other than a recorded property owner, please complete the following:		
To Whom it May Concern: I hereby authorize _____ to act as the applicant in my behalf, to obtain the required permits from the Board of Port Wardens and the Department of the Environment prior to the issuance of a building permit.		
Applicant Signature: _____		
Recorded Property Owner Signature: _____		