



Application for Permit Revision or Renewal  
**Worcester County Department of  
 Development Review and Permitting**  
 One West Market Street, Room 1201  
 Snow Hill, Maryland 21863  
 Phone: 410-632-1200 Fax: 410-632-3008

(Office Use Only)  
 Submittal Date: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 F.M. Fee \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

RENEWAL OF Permit Number   REVISION TO Permit Number

Address of Property  Tax ID #

Tax Map  Parcel  Section  Block  Lot  Unit

USE OR STRUCTURE

Architect Name and License  Estimated Construction Cost \$   
 Engineer Name and License

- |  |  |
|--|--|
| <input type="checkbox"/> I.R.C. Review _____       | <input type="checkbox"/> County Roads Engineer _____ |
| <input type="checkbox"/> I.B.C. Review _____       | <input type="checkbox"/> State Roads Engineer _____  |
| <input type="checkbox"/> Liquor License _____      | <input type="checkbox"/> Health Dept. _____          |
| <input type="checkbox"/> Planning Commission _____ | <input type="checkbox"/> Fire Marshal _____          |

In accordance with site plan approved by \_\_\_\_\_ on \_\_\_\_\_

- Zoning Approval \_\_\_\_\_  
 Other Approval \_\_\_\_\_

**Environmental Programs**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Floodplain Zone <input type="text"/> Elevation <input type="text"/> MSL | <input type="checkbox"/> Water Supply _____  | <input type="checkbox"/> Sewage Disposal _____ |
| <input type="checkbox"/> Elevation Certificate required  | <input type="checkbox"/> Env. Programs _____ |  |
| <input type="checkbox"/> Non-conversion Agreement required                                       | <input type="checkbox"/> SEC/SWM _____       |  |
| <input type="checkbox"/> Structure must be anchored and vented                                   | <input type="checkbox"/> Critical Area _____ |  |

Designation \_\_\_\_\_ BMA \_\_\_\_\_

The lowest habitable floor level of any dwelling, including basements, garages, etc. shall meet the elevation required under the Worcester County Floodplain Management Law.

Forestry \_\_\_\_\_

Plan No. \_\_\_\_\_

- ALSO REQUIRED:
- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Consolidation       | <input type="checkbox"/> Electrical Permit | <input type="checkbox"/> Plumbing Permit   | <input type="checkbox"/> Gas Permit            |
| <input type="checkbox"/> Landscape I&M _____ | <input type="checkbox"/> CAFO _____        | <input type="checkbox"/> Foundation Survey | <input type="checkbox"/> As-Constructed Survey |
| <input type="checkbox"/> Bonds -Type: _____  | Amount: \$ _____                           | <input type="checkbox"/> Other: _____      |  |

Owner/Authorized Agent Affidavit: I hereby declare and affirm, under the penalty of perjury, that:

- I am duly authorized to make this permit modification application on behalf of: \_\_\_\_\_
- The work proposed by the permit revision or renewal application is authorized by the property owner; and
- All matters and facts set forth in this Affidavit and the original permit application are true and correct to the best of my knowledge, info. and belief.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number

Print Name

Relationship to Owner

ID No.