



# Permit Application

**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)  
 Application No. \_\_\_\_\_  
 Submittal Date: \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
 F.M. Fee \_\_\_\_\_  
 HBGF Fee \_\_\_\_\_  
 Date Issued: \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Building Permit

Zoning Permit

Demolition Permit

Address of Property   Road  Collector  Arterial

Other Description  Area

PFA  Tax ID #  Zoning District

Tax Map  Parcel  Section  Block  Lot  Unit

USE OR STRUCTURE

Minimum Required Setbacks: Front Yard  Feet from:  Front Property Line  Center of Road Right of Way  
 Rear Yard  Ft. Left Yard  Ft. Right Yard  Ft.

<input type="checkbox"/> I.R.C. Review _____ <input type="checkbox"/> I.B.C. Review _____ <input type="checkbox"/> Planning Commission _____ In accordance with site plan approved by _____ on _____  <input type="checkbox"/> Zoning Approval _____ <input type="checkbox"/> Other Approval _____  <input type="checkbox"/> Floodplain Zone <input type="text"/> Elevation <input type="text"/> MSL <input type="checkbox"/> Elevation Certificate required <input type="checkbox"/> Non-conversion Agreement required <input type="checkbox"/> Structure must be anchored and vented	<input type="checkbox"/> County Roads Engineer _____ <input type="checkbox"/> State Roads Engineer _____ <input type="checkbox"/> Health Dept. _____ <input type="checkbox"/> Fire Marshal _____ <input type="checkbox"/> Liquor License _____  <h3 style="text-align: center;">Environmental Programs</h3> <input type="checkbox"/> Water Supply _____ <input type="checkbox"/> Sewage Disposal _____ <input type="checkbox"/> Env. Programs _____ <input type="checkbox"/> SEC/SWM _____ <input type="checkbox"/> Critical Area _____ Designation _____ BMA _____  <input type="checkbox"/> Forestry _____ Plan No. _____
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The lowest habitable floor level of any dwelling, including basements, garages, etc. shall meet the elevation required under the Worcester County Floodplain Management Law.

Architect Name and License

Estimated Construction Cost \$

Engineer Name and License

ALSO REQUIRED:

Electrical Permit

Plumbing Permit

Gas Permit

Consolidation

CAFO \_\_\_\_\_

Foundation Survey

As-Constructed Survey

Landscape I & M \_\_\_\_\_

Other \_\_\_\_\_

Bonds: type: \_\_\_\_\_ amount \$ \_\_\_\_\_

The applicant hereby certifies under penalty of perjury as follows: 1) that he/she is authorized to make this application; 2) that all information provided by the applicant, whether on an original application or on an application for a revision, is true and correct, including all information on any attachments hereto; 3) that he/she will comply with all regulations of Worcester County which are applicable hereto; 4) that he/she will perform no work on the above property not specifically described in this application; 5) that any misrepresentation or misstatement of facts or any change without approval shall constitute grounds for denial and/or revocation of the permit; 6) that he/she grants County officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices; 7) that he/she assumes all responsibility to determine, request and obtain any and all required Federal, State or County permits necessary to implement this permit; and 8) that it shall be unlawful to occupy any building or structure or change the use of land until a zoning/occupancy certificate has been issued by the Department.

Expiration: If the work described in this permit has not had a substantial start (approved foundation inspection) within 12 months from the date of issuance, such permit shall expire. If the work described has not been substantially completed (approved framing inspection) within 24 months of date of issuance, such permit shall expire. The Department may grant a single 12 month extension upon written request by the applicant, if such request is found to be reasonable and necessary for the orderly completion of the project. Expired permits shall become null and void.

Owner

Address

Phone

E-Mail

Signature: \_\_\_\_\_

Applicant

Address

Phone

E-Mail

Signature: \_\_\_\_\_

Relationship to Owner:

Owner/Applicant ID No.

Builder

Address

License #

Phone

E-Mail