



APPLICATION NUMBER: _____

DATE OF APPLICATION _____

Talbot County Office of Permits & Inspections
215 Bay Street, Suite 2
Easton, Maryland 21601
410-770-6840

APPLICATION FOR BUILDING PERMIT/ZONING CERTIFICATE

Project Activity: Residential Commercial Agricultural

Project Description: _____

Applicant (If Primary Contact, Please check box):

Name: _____

Mail Address: _____

Phone: _____ Fax: _____

Email: _____

Value of Construction: \$ _____

Fees Paid: Building Permit..... \$.00

Zoning Fee..... \$ **35.00**

Flood Plain Surcharge \$.00

Other..... \$.00

Total Fees Paid: \$.00

Property Information:

Zoning: _____ Acres: _____ Map: _____ Grid: _____ Parcel: _____ Lot: _____ Section: _____

Parcel ID: _____

Subdivision Name: _____

Location of Project (Physical/911 Address): _____

Road Frontage: _____ Longest Depth (front to rear): _____ Water Frontage (tidal): _____

Flood Zone: _____ Exempt from Flood Zone compliance? **Yes / No**

Setbacks:

Proposed: Front: _____ Side: _____ Side: _____ Rear: _____ MHW: _____

Required: Front: _____ Side: _____ Side: _____ Rear: _____ MHW: _____

Type of Construction: (Circle One) Site built / Pre-engineered / Manufactured / Modular

Dimensions

Width (ft): _____ Length (ft): _____ Height (ft): _____ No Stories: _____

Heated Area SF: _____ Plan Area SF (footprint): _____ Non-Heated Area SF: _____

Total number of bedrooms: _____ Total number of bathrooms: _____

Sub-Contractor Information:

Electrical Permit Required: **Yes / No** Contractor License No. _____

Contractor Name: _____

Plumbing Permit Required: **Yes / No** Contractor License No. _____

Contractor Name: _____

Mechanical/HVAC Permit Required: **Yes / No** Contractor License No. _____

Contractor Name: _____

Type of Heat: _____

Fuel Gas Permit: **Yes / No** Contractor License No. _____

Contractor Name: _____

Fire Sprinklers Required: **Yes / No**

Sanitary Facilities: (Please Circle) Water: **On Site / Public** Sewer: **On Site / Public**

Property Owner (If Primary Contact, Please check box):

Name: _____

Mail Address: _____

Phone: _____ Fax: _____

Email: _____

Contractor (If Primary Contact, Please check box):

Name: _____

Mail Address: _____

Phone: _____ Fax: _____

Email: _____

MHIC # _____ MHBR #: _____ MDE #: _____

Applicant's Certification: By completing this application the applicant hereby certifies as follows under penalty of perjury: (1) I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent; (2) That the information in this application and construction documents provides full disclosure and a complete description of the project; and (3) That the information contained in the application and construction documents is in compliance with all applicable covenants and or deed restrictions.

If a permit is issued the applicant further certifies as follows; (1) That I will comply with all applicable codes of Talbot County and the State of Maryland; (2) That I will perform no work on the above property not specifically included in this application and construction documents; and, (3) That County Officials shall have authority to enter areas covered by such permit to enforce the codes applicable to such permit.

Print Applicant's Name: _____ Date: _____

Applicant's Signature: _____

Application taken by: _____ Date: _____

Entered into MUNIS by: _____ Date: _____

Office Use Only:

Approvals: Planning Office: _____ Date: _____

Plans Reviewer: _____ Date: _____

Health Department: _____ Date: _____

Department of Public Works: _____ Date: _____

Comments/Special Conditions: _____
