



Application Number: _____

Talbot County Office of Permits and Inspections
215 Bay Street, Suite 3
Easton, Maryland 21601
410-770-6840 Fax: 410-770-6843

Building Permit/Zoning Certificate Application

ITEMS IN Bold Type ARE REQUIRED INFORMATION

Type of Construction (*Circle One*): Residential Commercial Agricultural
Project Description: _____

FEES PAID:	Building Permit.....	\$	_____	.00
	Zoning Fee...(Required Fee).....	\$	_____	35.00
	Floodplain Surcharge	\$	_____	.00
	Trade Fees	\$	_____	.00
	Other.....	\$	_____	.00
Total Fees Paid:		\$	_____	.00

Please check one of the boxes below for primary contact to receive permit information.

Property Owner:

Name: _____
Mailing Address: _____
Phone: _____ Fax: _____
Email: _____

Contractor:

Name: _____
Mailing Address: _____
Phone: _____ Fax: _____
Email: _____
MHIC #: _____ MHBR #: _____ MDE #: _____

Applicant:

Name: _____
Mail Address: _____
Phone: _____ Fax: _____
Email: _____

Property Information:

Zoning: _____ Acres: _____ Map: _____ Grid: _____ Parcel: _____ Lot: _____ Section: _____
Tax Identification Number: _____
Subdivision Name: _____
Location of Project (Physical/911 Address): _____

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

Flood Zone (*Circle All That Apply*): X Shaded-X A AE* V VE* *Coastal A
*Existing Elevation Required _____

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): _____ # of Stories: _____

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

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

Sub-Contractor Information:

Electrical Work Planned: Yes / No Contact MDIA – 410-822-8300

Contractor Name: _____ License No. _____

Plumbing Work Planned: Yes / No If YES, FEE: \$60.00 (Paid at Permit application)

Contractor Name: _____ License No. _____

Mechanical/HVAC Work Planned: Yes / No If YES, FEE: \$60.00 (Paid at Permit application)

Contractor Name: _____ License No. _____

Type of Heat: _____

Fuel Gas Permit: Yes / No If YES, FEE: \$60.00 (Paid at Permit application)

Contractor Name: _____ License No. _____

Fire Sprinklers to be installed?: Yes / No *Required for NEW residential dwellings.

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

Value of Construction: \$ _____

Office Use Only:

Approvals: Building Inspector: _____ Date: _____

Health Department: _____ Date: _____

Planning Office: _____ Date: _____

Department of Public Works: _____ Date: _____

Comments/Special Conditions: _____

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.

Applicant's Signature: _____ **Date:** _____

Print Name (Applicant): _____

Application taken by: _____ Date: _____

Entered in Munis by: _____ Date: _____