



Permit #	_____
Fee: \$	_____
Acct. #:	_____

THE TOWN OF CENTREVILLE 101 LAWYERS ROW CENTREVILLE, MD 21617  
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## PERMIT APPLICATION

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Property Owner Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Property Address: \_\_\_\_\_

Zoning: \_\_\_\_\_ Lot#: \_\_\_\_\_ Map/Parcel#: \_\_\_\_\_

**Proposed Work:** \_\_\_\_\_

New Construction     Alterations    Estimated Value: \$ \_\_\_\_\_ (Construction Costs)

Residential     Commercial     Fence     Demolition     Deck     Shed     Pool \_\_\_\_\_ #Gallons

Size (sq ft) \_\_\_\_\_ Height (ft) \_\_\_\_\_ Stories \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_

**Setbacks:** Front Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_ Side Yard (L) \_\_\_\_\_ Side Yard (R) \_\_\_\_\_  
(ft. from front curb)

Entrances: # of Proposed Driveways: \_\_\_\_\_ Width \_\_\_\_\_

**Signs:**

Temporary     Flat     Projecting     Freestanding     Sandwich / Easel     Contractor

Linear Feet of Street Frontage \_\_\_\_\_ Sq. Ft. of Existing Signs: \_\_\_\_\_

Materials Used: \_\_\_\_\_ Number of Existing Signs \_\_\_\_\_

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Sign Dimensions: \_\_\_\_\_ height \_\_\_\_\_ width

**Contractors must be provided prior to the issuance of any permit.**

**Contractor:** \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Plumber:** \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Electrician:** \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sediment Control Permit: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Permit #: \_\_\_\_\_

County Impact Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Permit #: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

### TOTAL BUILDING PERMIT FEE

Payment Date: \_\_\_\_\_  Check     Cash     Credit Card

Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Receivables Approved: \_\_\_\_\_ Date: \_\_\_\_\_