



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

THE TOWN OF CENTREVILLE 101 LAWYERS ROW CENTREVILLE, MD 21617
 410-758-1180 FAX 410-758-4741 WWW.TOWNOFCENTREVILLE.ORG

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:	
<input type="checkbox"/> Temporary	<input type="checkbox"/> Flat
<input type="checkbox"/> Projecting	<input type="checkbox"/> Freestanding
<input type="checkbox"/> Sandwich / Easel	<input type="checkbox"/> 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 #: _____

HVAC: _____ License #: _____

Address: _____ Phone #: _____

Sediment Control Permit: \$ _____ Permit #: _____ County Impact Fee: \$ _____ Permit #: _____

Applicant's Signature: _____

OFFICE USE ONLY

TOTAL BUILDING PERMIT FEE

Payment Date: _____ Check Cash Credit Card

Amount: _____ Check Number: _____

Receivables Approved: _____ Date: _____