



THE TOWN OF CENTREVILLE 101 LAWYERS ROW CENTREVILLE, MD 21617
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BUSINESS OCCUPANCY APPLICATION

Applicant must complete ALL of the following information (please print or type). Please be advised that an incomplete application may result in the denial of an occupancy permit.

NOTE: \$25.00 application fee is due at time of application.

Applicant/Business Owner: _____ Home Phone: _____

Mailing Address: _____ Business Phone: _____

_____ Cell Phone: _____

_____ Email address: _____

Location of Business/Organization: _____

Street Address

City

State

Zip

Property Owner (if different from applicant): _____

Property Owner Address: _____

Street Address

City

State

Zip

Name of Business/Organization/Trade Name/DBA: _____

Alterations/renovations proposed to the building: _____

Materials/Equipment to be used: _____

Will deliveries be made to the business? Yes No Frequency: _____

Will business involve the use of hazardous materials? Yes No If yes, attach copy of MDE Permit.

Emergency contact person & phone number: _____

Applicant's Signature: _____

****ANY SIGN REQUIRES A PERMIT****

****ANY ALTERATIONS / RENOVATIONS REQUIRE A PERMIT****

Signature – Zoning Administrator

Date