



Department of Permitting Services  
 Division of Building Construction  
 255 Rockville Pike, 2nd Floor  
 Rockville, MD 20850-4166  
 Phone: 311 in Montgomery County or (240) 777-0311  
 Fax (240)-777-6262  
 http://www.montgomerycountymd.gov/permittingservices



## Application for Residential Building Permit

Sediment Control # \_\_\_\_\_ Building AP #(s) \_\_\_\_\_ Demolition # \_\_\_\_\_

### A. Description of Work: (Check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> ADD                   |  | <input type="checkbox"/> SINGLE FAMILY DWELLING | <input type="checkbox"/> DECK              |
| <input type="checkbox"/> ALTER                 | Gross Sq. Ft. of Area Created _____            | <input type="checkbox"/> TOWNHOUSE              | <input type="checkbox"/> DUPLEX            |
| <input type="checkbox"/> CONSTRUCT             | or Affected by this Action: _____              | <input type="checkbox"/> FENCE*                 | <input type="checkbox"/> BASEMENT          |
| <input type="checkbox"/> DEMOLISH              | Estimated Cost: \$ _____                       | <input type="checkbox"/> RETAINING WALL         | <input type="checkbox"/> POOL IN GROUND    |
| <input type="checkbox"/> MOVE                  | Disturbed Land Area: _____                     | <input type="checkbox"/> TRAILER**              | <input type="checkbox"/> POOL ABOVE GROUND |
| <input type="checkbox"/> FOUNDATION ONLY       | Lot Size: _____                                | <input type="checkbox"/> MODULAR HOME**         | <input type="checkbox"/> DETACHED GARAGE   |
| <input type="checkbox"/> RESTORE and/or REPAIR |  | <input type="checkbox"/> HOT TUB                | <input type="checkbox"/> SHED              |
| <input type="checkbox"/> REVISION              | <input type="checkbox"/> FINAL INSPECTION ONLY | <input type="checkbox"/> OTHER _____            |  |
| <input type="checkbox"/> DAMAGE REPORT         | PROPOSED USE OF STRUCTURE: _____               |   |  |

#### \* For ALL Fence Construction

HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. Note: (A signed approval letter from the adjacent lot owner(s) is required when on lot line)  
 Located entirely on the land of the owner     Public Right of Way/Easement     Located on the lot line

#### \*\*NOTE:

Manufacturer's Name and Model # for All Trailers and Modular Homes \_\_\_\_\_

### B. Model House Program/Refer-Back System

- |   |   |
|---|---|
| Model House Program – to build new homes                    | Refer-Back System – build new homes and pools               |
| <input type="checkbox"/> INITIAL SUBMITTAL or               | <input type="checkbox"/> INITIAL SUBMITTAL or               |
| <input type="checkbox"/> PREVIOUSLY APPROVED PERMIT # _____ | <input type="checkbox"/> PREVIOUSLY APPROVED PERMIT # _____ |
| New Home Model Name or # _____                              |   |

### C. Revision

REVISION to ORIGINAL PERMIT # \_\_\_\_\_  
 (Original permit has been issued and is active)  
 SITE     STRUCTURAL     HOUSE TYPE     OTHER: \_\_\_\_\_

### D. Site Plan Information

MNCPPC Site Plan No. \_\_\_\_\_ Preliminary Plan No. \_\_\_\_\_  
 Record Plat No. \_\_\_\_\_  Y  N Forest Conservation Easement?

### E. Building Address:

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Lot (s) \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Nearest Cross Street. \_\_\_\_\_

### F. Applicant Information: Supply all information, incomplete applications will not be accepted.

Contact ID #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Applicant \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
 (Permit will be issued to Applicant)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### G. Contact Information: Supply all information, incomplete applications will not be accepted.

Contact ID #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 (If other than Applicant)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contractor \_\_\_\_\_ MHIC or Montgomery County Builders License # \_\_\_\_\_  
 Contractor Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**H. Applying for "Design for Life"**

If applying for "Design for Life" certification, indicate the level of accessibility  Visit-Able  Live-Able

CERTIFICATE NAME: \_\_\_\_\_

**I. Additional Approvals:**

Properties located within historic districts, municipalities and special taxing districts may require additional approvals beyond the required Department of Permitting Services (DPS) building permit.

For projects located in the City of Takoma Park's Commercial Revitalization Overlay, certain permits must be approved by the City prior to commencing construction.

Please refer to "Permit Procedures for Properties within a Montgomery County Municipality" for more information.

**J. Water and Sewage**

TYPE OF WATER SUPPLY  WSSC  WELL  OTHER (specify) \_\_\_\_\_

SEWAGE DISPOSAL  WSSC  SEPTIC  OTHER (specify) \_\_\_\_\_

**K. MPDU (moderately priced dwelling unit(s))**

20% of this new home development will be built as Moderately Priced Dwelling Units  Yes  No

**L. Special Exception: Is this lot subject to a Special Exception?**

Yes, Case # \_\_\_\_\_  No

**M. Variance: (Has a Variance been granted to perform this work?)**

Yes, Variance # \_\_\_\_\_  No

**N. Historic Area in Atlas or Master Plan: Is the property a Historic resource?**

Yes  No

**O. Authorized Agent Affidavit:**

I hereby declare and affirm, under penalty of perjury, that:

1. I am duly authorized to make this permit application on behalf of: \_\_\_\_\_  
(Please print property owner's name)
2. The work proposed by this building permit application is authorized by the property owner; and
3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.

X

\_\_\_\_\_  
(Property Owner's Signature) Date (Print Name)

\_\_\_\_\_  
(Authorized Agent's Signature) Date (Print Name)

**P. Statement of Homeowner Acting as New Home Builder:**

I, the undersigned property owner, state that I am not a licensed new home builder and that the building to be constructed under this permit is to be used as a residence for me and my immediate family. I will serve as general contractor and take responsibility for compliance with all applicable building codes.

\_\_\_\_\_  
(Property Owner's Signature) Date (Print Name)

**Q. To Be Read by the Applicant:**

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of the application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies.

\_\_\_\_\_  
(Applicant's Signature) Date (Print Name)

**R. Expedited Plan Review:**

I request an Expedited Plan Review, when available, which is subjected to additional fees.

\_\_\_\_\_  
(Applicant's Signature) Date (Print Name)