

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.

TYPE OF WATER SUPPLY WSSC WELL OTHER (specify) _____
SEWAGE DISPOSAL WSSC SEPTIC OTHER (specify) _____

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

IMPACT TAX ... New Homes will be assessed an Impact Tax based on the area where the house is built ... (see Impact Tax guide)
 I will exercise an approved Impact Tax Credit, a copy of which is attached

DAP & EDAET AGREEMENTS....Agreement must be attached for new homes when applicable.

SPECIAL EXCEPTION: Is this lot subject to a Special Exception? Yes, Case # _____ No

VARIANCE: Has a Variance been granted to perform this work? Yes, Variance # _____ No

HISTORIC AREA IN ATLAS or MASTER PLAN: Is the property a Historic resource? Yes No

AUTHORIZED AGENT AFFIDAVIT: I hereby declare and affirm, under the 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.

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

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

STATEMENT OF HOMEOWNER ACTING AS NEW HOME BUILDER:

, 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)

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)

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

Applicant's Signature) Date (Print Name)



Montgomery County Maryland
 Department of Permitting Services
 240-777-6300 Fax 240-777-6262
<http://montgomerycountymd.gov/permittingservices/>

255 Rockville Pike, 2nd Floor
 Rockville, Maryland 20850-4166



APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Sediment Control # _____ Building AP #(s) _____ Demolition # _____

DESCRIPTION OF WORK: (check all that apply)

- ADD
- ALTER Gross Sq. Ft. of Area Created _____
- CONSTRUCT or Affected by this Action: _____
- DEMOLISH Estimated Cost: \$ _____
- MOVE Disturbed Land Area: _____
- FOUNDATION ONLY Lot Size: _____
- RESTORE and/or REPAIR
- REVISION FINAL INSPECTION ONLY

USE OF STRUCTURE:

- SINGLE FAMILY DWELLING
- TOWNHOUSE
- FENCE*
- RETAINING WALL
- TRAILER**
- MODULAR HOME**
- HOT TUB
- OTHER _____
- DECK
- DUPLEX
- BASEMENT
- POOL IN GROUND
- POOL ABOVE GROUND
- DETACHED GARAGE
- SHED

* For ALL Construction

HEIGHT: _____ ft. _____ in. Note: (A signed approval letter from the adjacent lot owner(s) is required)
 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

MODEL HOUSE PROGRAM: to build new homes

- INITIAL SUBMITTAL or
 - PREVIOUSLY APPROVED PERMIT # _____
- New Home Model Name or # _____

REFER-BACK SYSTEM: to build new homes & pools

- INITIAL SUBMITTAL or
- PREVIOUSLY APPROVED PERMIT # _____

REVISION to ORIGINAL PERMIT # _____

(Original permit has been issued and is active)

- SITE
- STRUCTURAL
- HOUSE TYPE
- OTHER: _____

BUILDING PREMISE ADDRESS:

Add'l. House #'s if building new townhouses: _____

House Number _____ Street _____ City _____ Zip _____

Lot(s) _____ Block _____ Subdivision _____

Nearest Cross Street _____

APPLICANT INFORMATION: Contact ID #: _____ Fax #: _____ Email: _____

Name of Applicant _____ Daytime Phone #: _____
 (Permit will be issued to Applicant)

Address _____ City _____ State _____ Zip _____

CONTACT INFORMATION: 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 # _____

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

CERTIFICATE NAME: _____