

THIS CARD MUST BE POSTED IN A CONSPICUOUS PLACE ON THE BUILDING SITE

**(OFFICE USE ONLY)**

# Building Permit

TOWN OF SNOW HILL

P.O. Box 348, Municipal Building      Snow Hill, Maryland 21863  
Phone: 410-632-2080      Fax: 410-632-2858

**WORCESTER COUNTY**  
(PLEASE PRINT IN INK OR TYPE)

Date \_\_\_\_\_  
Permit Issued \_\_\_\_\_  
Bldg. Permit Fee \_\_\_\_\_  
Chief of Insp. \_\_\_\_\_  
Issued by \_\_\_\_\_

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**LOCATION OF PROPERTY:** Street Address \_\_\_\_\_  
(Other Description \_\_\_\_\_) Subdivision \_\_\_\_\_  
Zoning District \_\_\_\_\_ Tax District \_\_\_\_\_ Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Sect. \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_  
Area \_\_\_\_\_ (Acres) or (Sq. Ft.) Frontage \_\_\_\_\_ Ft. Depth \_\_\_\_\_ Ft.

**USE OR STRUCTURE:** Describe \_\_\_\_\_  
No. of Families \_\_\_\_\_  
Size \_\_\_\_\_ By \_\_\_\_\_ Ft. \_\_\_\_\_ Stories \_\_\_\_\_ Ft. Height \_\_\_\_\_

**MINIMUM REQUIRED SETBACKS:** Front \_\_\_\_\_ Ft.      Rear Yard \_\_\_\_\_ Ft.  
Left Side \_\_\_\_\_ Ft.      Right Side \_\_\_\_\_ Ft.  
Town Water Supply? ( ) Yes ( ) No      Town Sewage Disposal? ( ) Yes ( ) No

MHBR # \_\_\_\_\_ **Estimated Construction Cost \$** \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Contractor's Home Improvement Lic.# _____   | <input type="checkbox"/> Architect/Engineer _____ No. _____   |
| <input type="checkbox"/> Plumbing Permit No. _____   | <input type="checkbox"/> Electrical Permit No. _____  |
| <input type="checkbox"/> IBC Review _____<br><small>SIGNATURE      DATE</small>                            | <input type="checkbox"/> IRC Review _____<br><small>SIGNATURE      DATE</small>                         |
| <input type="checkbox"/> Public Works _____<br><small>SIGNATURE      DATE</small>                          | <input type="checkbox"/> Fire Marshal _____<br><small>SIGNATURE      DATE</small>                       |
| <input type="checkbox"/> Planning Commission Approval _____<br><small>SIGNATURE      DATE</small>          | <input type="checkbox"/> Zoning Approval _____<br><small>SIGNATURE      DATE</small>                    |
| <input type="checkbox"/> State Roads Engineer _____<br><small>SIGNATURE      DATE</small>                  | <input type="checkbox"/> Grading, Sediment, Stormwater Plan _____<br><small>SIGNATURE      DATE</small> |
| <input type="checkbox"/> Chesapeake Bay Critical Area Approval _____<br><small>SIGNATURE      DATE</small> | <input type="checkbox"/> Forestry _____<br><small>SIGNATURE - TITLE      DATE</small>                   |
| <input type="checkbox"/> Floodplain Zone _____ Elevation _____ MSL   | <input type="checkbox"/> Historic District _____<br><small>SIGNATURE - TITLE      DATE</small>          |
| <input type="checkbox"/> Elevation Certificate Required _____<br><small>YES/NO</small>                     | <input type="checkbox"/> Other Approvals _____<br><small>SIGNATURE - TITLE      DATE</small>            |

THE OWNER / APPLICANT HEREBY CERTIFIES THAT HE HAS READ AND EXAMINED THIS APPLICATION INCLUDING THE CONDITIONS AND DISCLAIMER ON THE REVERSE SIDE HEREOF AND THAT ALL INFORMATION CONTAINED HEREIN AND IN ANY ATTACHED PLANS AND SPECIFICATIONS IS TRUE AND CORRECT AND FURTHER AGREES THAT ANY MISSTATEMENT OR MISREPRESENTATION OF FACTS OR ANY CHANGE WITHOUT APPROVAL OF THE AGENCIES CONCERNED, SHALL CONSTITUTE GROUNDS FOR DENIAL AND / OR REVOCATION OF THE PERMIT. THE OWNER / APPLICANT SHALL BE REQUIRED TO NOTIFY THE CODE ENFORCEMENT OFFICER FOR BUILDING INSPECTIONS AND ZONING APPROVALS GIVING 24 HOURS NOTICE.

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Owner \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Applicant \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Builder \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_