



**Montgomery County
Department of Permitting Services**

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 Use or Proposed Use

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> ADD _____ sq. ft. | <input type="checkbox"/> Detached House | <input type="checkbox"/> Mobile Home* |
| <input type="checkbox"/> ALTER _____ sq. ft. | <input type="checkbox"/> Townhouse | <input type="checkbox"/> Deck |
| <input type="checkbox"/> CONSTRUCT _____ sq. ft. | <input type="checkbox"/> Modular/Manufactured Home* | <input type="checkbox"/> Shed |
| <input type="checkbox"/> DEMOLISH | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Spa/Hot tub |
| <input type="checkbox"/> MOVE | <input type="checkbox"/> Pool above Ground | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> FOUNDATION ONLY | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Basement |
| <input type="checkbox"/> RESTORE and/or REPAIR _____ sq. ft. | <input type="checkbox"/> Pool in Ground | <input type="checkbox"/> Group Home** |
| <input type="checkbox"/> FINAL ONLY | <input type="checkbox"/> Assisted Living – 5 persons or less | |
| | <input type="checkbox"/> Other _____ | |

* Manufacturer's Name and Model _____ ** 8 Persons or less

Lot Size _____ sq.ft. | Disturbed Land Area: _____ sq. ft. | Earth Movement (cu. yd.): _____ | Estimated Cost: \$ _____

B. Revision

REVISION to ORIGINAL PERMIT # _____ (Original permit has been issued and is active)

- SITE STRUCTURAL HOUSE TYPE OTHER: _____

C. Model House Program/Refer-Back System Swimming Pools Refer-Back System

- | | |
|--|--|
| <input type="checkbox"/> INITIAL SUBMITTAL | <input type="checkbox"/> INITIAL SUBMITTAL |
| <input type="checkbox"/> Refer-back PERMIT # _____ | <input type="checkbox"/> Refer-back PERMIT # _____ |

Home Model Name _____

D. Site Plan Information

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

E. Building Address:

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

F. Applicant Information: Permit will be issued to Applicant

Contact ID #: _____ Fax #: _____ Email: _____
Name of Applicant or Contractor _____
Daytime Phone #: _____ MHIC or Montgomery County Builders License # _____
Address _____ City _____ State _____ Zip _____

G. Contact Information: If other than Applicant

Contact ID #: _____ Fax #: _____ Email: _____
Contact Person _____ Daytime Phone # _____
Address _____ City _____ State _____ Zip _____

H. Apply for "Design for Life" Accessibility Features

Please fill in *Supplemental Design for Life Application*.
<http://permittingservices.montgomerycountymd.gov/DPS/pdf/DesignForLifeIntakeApplication.pdf>

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))

25% of this new home development will be built as Moderately Priced Dwelling Units Yes No

L. Conditional Use: Is this lot subject to a Conditional Use?

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.

(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 always 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)