



APPLICATION FOR PERMIT # _____
DORCHESTER CO DEPT OF PLANNING & ZONING, PERMITS, LICENSING & INSPECTIONS
P.O. BOX 107 CAMBRIDGE, MARYLAND 21613 (410) 228-9636

INSTRUCTIONS: Complete each of the open fields on this form and submit with the requested information/documents. If your application is incomplete or if any documents or information is missing, your application will not be accepted and will be returned. Make checks payable to Dorchester County, Maryland.

DATE:			
PROPERTY OWNER:			
EMAIL ADDRESS:		PHONE #:	
MAILING ADDRESS:			
SUBJECT PROPERTY/911/SITE ADDRESS:			
DESCRIPTION OF PROJECT:			
NUMBER OF STORIES:		APPROXIMATE CONSTRUCTION VALUE:	
DIMENSIONS OF 1ST FLOOR:		SQUARE FOOTAGE =	
DIMENSIONS OF 2ND FLOOR:		SQUARE FOOTAGE =	
CONTRACTOR/BUILDER/INSTALLER:			
(Please write license holder's name & company name, if applicable in the space above)			
G.C. Lic. M.H.I.C, M.H.B.R., HUD Manufactured Home Installer or MDE Marine #:			
(Circle what type of license above and write license # in space provided)			
ELECTRICIAN:		DORCHESTER COUNTY LICENSE #	
(Please write license holder's name & company name in the space provided)			
TYPE OF ELECTRICAL WORK TO BE PERFORMED:			
PLUMBER:		DORCHESTER COUNTY LICENSE #	
(Please write license holder's name & company name in the space provided)			
TYPE OF PLUMBING WORK TO BE PERFORMED:			
HVACR CONTRACTOR:		MARYLAND STATE HVACR LICENSE:	
(Please write license holder's name & company name in the space provided)			
TYPE OF HVACR WORK TO BE PERFORMED:			
*APPLICANTS SIGNATURE: _____ DATE: _____			

OFFICIAL USE ONLY

MAP#		BLOCK #		PARCEL #		LOT #	
				SECTION #	SUBDIVISION:		
TAX ACCOUNT #				FLOODPLAIN ELEVATION			
VALUE OF EXISTING IMPROVEMENTS:				ROAD CL		ZONING	
ACREAGE		SAN. DISTRICT			MUC	CR. AREA	
MBA		100' TWB					
EXP BUFFER-HYDRIC/NON TIDAL							
LOT COVERAGE %		HABITAT		AFFOREST/REFOREST		DEC. OF INT	
INTERVIEWER:				MD. ENV. TRUST EASEMENT			
AG DIST/EASEMENT				LOT OF RECORD			
APPROVALS							
		SOIL CONSER: _____ (date) _____		BUILDING: _____ (date) _____			
HEALTH DEPT: _____ (date) _____		DPW: _____ (date) _____					
ZONING: _____ (date) _____		CRITICAL: _____ (date) _____					
OTHER: _____ (date) _____		FLOODPLAIN: _____ (date) _____					
PERMIT FEE				DATE PAID			
RECEIVED BY:							