



TOWN OF BOONSBORO

DEPARTMENT OF PLANNING, ZONING & ENGINEERING

WWW.TOWN.BOONSBORO.MD.US ♦ 301-432-5690

BOONSBORO BUILDING PERMIT APPLICATION

County Permit #

Application Date:

Town Permit #

06-

JOB LOCATION		PARCEL	MAP	ZONING
TYPE OF IMPROVEMENT (DWELLING, DETACHED GARAGE, DECK, FINISH BASEMENT, REMODEL, ETC.)			LOT SIZE – ACREAGE	
PROPERTY OWNER INFORMATION				
PROPERTY OWNER(S)			TELEPHONE	
PROPERTY OWNER(S) ADDRESS		CITY	STATE	ZIP
APPLICANT INFORMATION				
APPLICANT/OWNER REPRESENTATIVE			TELEPHONE	
APPLICANT/OWNER REPRESENTATIVE ADDRESS		CITY	STATE	ZIP
CONTRACTOR INFORMATION				
CONTRACTOR'S NAME			TELEPHONE	
CONTRACTOR'S ADDRESS		CITY	STATE	ZIP
CONTRACTOR'S MD STATE HOME BUILDER'S LICENSE NO. HB-	CONTRACTOR'S HOME IMPROVEMENT LICENSE NO. MHIC-			
VALUATION OF PROJECT: \$	BUILDING PERMIT FEE \$	EXCISE TAX FEE \$		
RESIDENTIAL CONSTRUCTION				
TOTAL FINISHED SQUARE FOOTAGE (ALL HABITABLE SPACE*) (*AREA FOR LIVING, EATING, SLEEPING, COOKING)		TOTAL UNFINISHED SQUARE FOOTAGE (BASEMENT, PORCH/DECK, GARAGE, ETC.)		
DETAILED DESCRIPTION OF RESIDENTIAL CONSTRUCTION				
<p>EXAMPLE: TWO STORY DWELLING, FULL UNFINISHED BASEMENT WITH ROUGH-IN FULL BATH, TWO-CAR ATTACHED GARAGE ON SLAB WITH FINISHED AREA ABOVE, WOODBURNING FIREPLACE IN FAMILY ROOM. DIRECT VENT GAS FIREPLACE IN LIVING ROOM, REAR DECK WITHOUT ROOF, COVERED FRONT PORCH</p>				
FOUNDATION SIZE:	GARAGE/SHED/CARPORT SIZE:	# OF BEDROOMS:	PUBLIC:EXISTING/PROPOSED ___ Water ___ Sewer	TYPE OF HEAT: __Elec __Oil __Natural Gas __Propane
EXTERIOR FINISH:	PORCH/DECK SIZE:	BATHROOMS: __Full __Half	PRIVATE: EXISTING/PROPOSED: ___ Well ___ Septic	AIR CONDITIONING: __ Y __N

ROOF TYPE: TRUSS RAFTER	CRAWL SPACE: <input type="checkbox"/> YES <input type="checkbox"/> NO SLAB ON GRADE <input type="checkbox"/> YES <input type="checkbox"/> NO	AREA ABOVE GARAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	BASEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES – FINISHED OR UNFINISHED (CIRCLE ONE)
	IF YES – FINISHED OR UNFINISHED (CIRCLE ONE)	SQUARE FOOTAGE: _____ SQ. FT.
	IF UNFINISHED WILL THERE BE A ROUGH-IN BATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPIED AS: OFFICE BEDROOM STORAGE
EXIT FROM BASEMENT: WALK-OUT BILCO WINDOW WELL		OTHER: _____

COMMERCIAL CONSTRUCTION

DETAILED DESCRIPTION OF COMMERCIAL CONSTRUCTION:

EXAMPLE: CONSTRUCTION OF A 40X60 POLE BUILDING FRAME CONSTRUCTION WITH PREENGINEERED TRUSSES WITH GRAVEL BASE FOR COMMERCIAL STORAGE OF SUPPLIES FOR PROPOSED NURSERY

EXISTING USE:	PROPOSED USE:
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FOUNDATION SIZE:	PUBLIC: EXISTING/PROPOSED <input type="checkbox"/> Water <input type="checkbox"/> Sewer	PRIVATE: EXISTING/PROPOSED <input type="checkbox"/> Well <input type="checkbox"/> Septic	TYPE OF HEAT: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil
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STORIES ABOVE GRADE:	STORIES BELOW GRADE:	TOTAL STORIES:	SPRINKLER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL
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TOTAL SQUARE FT.

_____ 1st Floor _____ 2nd Floor _____ 3rd Floor _____ 4th Floor _____ 5th Floor _____ 6th Floor

Applicant's Signature _____
Date

TOWN ZONING INFORMATION

	Proposed	Minimum Required
Lot Tract Area		
Lot Area Per Family		
Lot Width		
Front Yard Setback		
Rear Yard Setback		
Left Side Setback		
Right Side Setback		
Zoning District		
Special Conditions:		

The accuracy and correctness of property boundaries shown and measurements provided for this application are the sole responsibility of the applicant/property owner and the Town will not be held responsible for any inaccurate or incorrect information.

Approval Granted By: _____

Planning and Zoning Representative

Date