



City of Annapolis
Department of Neighborhood & Environmental Programs
 160 Duke of Gloucester St, Room 202
 Annapolis, MD 21401-2517

| FOR CITY USE ONLY | |
|-------------------|-------|
| PERMIT # | _____ |
| ISSUED | _____ |
| EXPIRES | _____ |

DNEP@annapolis.gov • 410-263-7946 • Fax 410-263-9158 • www.annapolis.gov
 Deaf, hard of hearing or speech disability - use MD Relay or 711

Building Permit Application

Per City Code Sec. 17.12.056, fees are not refundable.

Building site address _____ Suite/Unit # _____

Property Tax ID # _____ Lot # _____

Is above address within the Historic District area? Yes No Waterfront? Yes No
 Within the floodplain? Yes No Sprinkler system in building? Yes No

| Property Owner Information | | | | Contractor's Information | | | |
|----------------------------|--|-----------------|--|--------------------------|--|-----------------|--|
| Name _____ | | | | Name _____ | | | |
| Address _____ | | | | Address _____ | | | |
| City _____ | | State _____ | | City _____ | | State _____ | |
| Zip _____ | | Day phone _____ | | Zip _____ | | Day phone _____ | |
| Cell _____ | | E-mail _____ | | Cell _____ | | E-mail _____ | |

| Applicant Information | | | | Architect/Engineer Information | | | |
|-----------------------|--|-----------------|--|--------------------------------|--|-----------------|--|
| Name _____ | | | | Name _____ | | | |
| Address _____ | | | | Address _____ | | | |
| City _____ | | State _____ | | City _____ | | State _____ | |
| Zip _____ | | Day phone _____ | | Zip _____ | | Day phone _____ | |
| Cell _____ | | E-mail _____ | | Cell _____ | | E-mail _____ | |

| Occupant Information | | | | Permit Information | | | |
|----------------------|--|-----------------|--|--|--|------------|--|
| Name _____ | | | | Please check if any of the following work to be done is: | | | |
| Address _____ | | | | Plumbing | | Electrical | |
| City _____ | | | | HVAC | | Gas | |
| State _____ | | Day phone _____ | | Residential | | Commercial | |
| Zip _____ | | Cell _____ | | Value of work | | \$ _____ | |
| Day phone _____ | | | | | | | |
| E-mail _____ | | | | | | | |

Describe proposed work:



City of Annapolis
Department of Neighborhood & Environmental Programs
 160 Duke of Gloucester St, Room 202
 Annapolis, MD 21401-2517

| FOR CITY USE ONLY | |
|-------------------|-------|
| PERMIT # | _____ |
| ISSUED | _____ |
| EXPIRES | _____ |

DNEP@annapolis.gov • 410-263-7946 • Fax 410-263-9158 • www.annapolis.gov
 Deaf, hard of hearing or speech disability - use MD Relay or 711

Building site address _____ Date _____

| Contractor License | License # | Expiration Date |
|---|-----------|-----------------|
| MHIC | | |
| State of MD Construction | | |
| MD Homebuilder Registration (New residential dwellings only) | | |

Dimensions of Proposed Structure

Lot size _____ Building size _____
 Basement area only _____ Building height _____ # of stories _____
 Total floor area (including basement) _____
 Proposed setbacks from property line (ft) Front Left Rear Right
 Is it a corner lot? Yes No

A use permit is required for new tenants, change of occupancy or owner, or expansion of a commercial use. (A use permit application must accompany the building permit application.)

A certificate of occupancy may be required as determined by the Code Official.

Signature of owner or authorized agent

The applicant certifies & agrees as follows: (1) that they are authorized to make this application; (2) that the information is correct; (3) that they will comply with all regulations of the City of Annapolis which are applicable hereto; (4) that they will only perform work on the above property specifically described in this application; (5) that they grant City officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

Owner or Authorized Agent (print) _____

Signature _____ Date _____

FOR CITY USE ONLY

DNEP final approval _____ Date _____
 App fee paid _____ Permit fee _____ Fee due _____
 Date issued _____ By _____