

TOWN OF QUEENSTOWN

PERMIT #

P. O. BOX 4

QUEENSTOWN, MD 21658

DATE OF APPLICATION:

410-827-7646

ZONING CERTIFICATE/BUILDING APPLICATION

BUILDING LOCATION		PROPERTY OWNERS NAME & ADDRESS	
TAX ACCOUNT #	TAX CARD #		
SUBDIVISION	CRITICAL AREA		
SECTION	BLOCK	LOT	HOME PHONE
TAX MAP	GRID	PARCEL	ACREAGE
ZONE	FRONTAGE	DEPTH	OWNER ON RECORD NAME
EXISTING USE	CONSTRUCTION VALUE - \$ _____		
PROPOSED USE	ZONING FEE	BUILDING FEE	TOTAL PERMIT FEE
	\$ _____	\$ _____	\$ _____
BUILDER ADDRESS PLUMBER ELECTRICIAN MECHANICAL	LICENSE #	TELEPHONE #	
DESCRIPTION OF WORK	STAKED?	YES	NO
			WILL CALL

BUILDING DESCRIPTION DIMENSIONS (IN SQUARE FEET)	CONSTRUCTION TYPE	IMPROVEMENTS	#BEDROOMS	#BATHROOMS
UNFIN. BASEMENT	FIN. BASEMENT			
FIRST FLOOR	SECOND FLOOR			
GARAGE	CARPORT			
DECK	PORCH			
OTHER	FIREPLACE			
	TOTAL FLOOR AREA			
		#ROAD ENTRANCES	WIDTH	ROAD TYPE
		WATER TYPE		SEWER TYPE
		HEATING SYSTEM		CENTRAL AIR
		SPRINKLER SYSTEM		

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF QUEEN ANNES COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

NOTE: Separate electrical and plumbing permits are required! **Plumber and Electrician must have Queen Anne's County License.**
A permit under which no work has commenced within six months after issuance shall expire. A permit under which work commences within six months shall be considered valid if construction is continuous.

APPLICANT'S SIGNATURE _____ OFFICE USE ONLY
 ACCESSORY PRINCIPLE APPROVALS
 STRUCTURE STRUCTURE

MINIMUM YARD REQUIREMENTS	PRINCIPLE	STRUCTURE	BUILDING	ZONING	SEDIMENT	CRITICAL AREAS	IMPACT FEES
FRONT	FT	FRONT	FT				
SIDE	FT	SIDE	FT				
REAR	FT	REAR	FT				
SIDE ST.	FT	SIDE ST.	FT				
MAX. HGHT.	FT	MAX. HGHT.	FT				

COMMENTS:

DATE APPROVED _____

ADMINISTRATOR _____