



COMMISSIONERS OF LEONARDTOWN
41660 Courthouse Drive, Leonardtown, MD 20650/ 301-475-9791
BUILDING PERMIT APPLICATION

DATE: _____ PERMIT #: _____

PROJECT LOCATION: _____, Leonardtown, MD 20650

TAX MAP #: _____ PARCEL #: _____ LOT #: _____

ZONING DISTRICT: _____ LOT SIZE: _____ SUBDIVISION: _____

OWNER'S NAME & ADDRESS: _____

CONTRACTOR'S NAME & ADDRESS: _____

CONTRACTOR'S LICENSE #: _____

PERMIT FOR: ___ New Single Family Home ___ New Commercial Building ___ Addition ___ Deck ___ Shed
___ Basement Finish ___ Renovation to Existing Structure ___ Tenant Fit-Out
Other: _____ (please describe in detail)

CHANGES TO EXISTING ELECTRICAL, PLUMBING AND/OR SPRINKLER SYSTEM: _____

EFFECTIVE JULY 1, 2015, THE TOWN HAS ADOPTED THE 2015 INTERNATIONAL BUILDING, RESIDENTIAL AND ENERGY CODES.

PLEASE NOTE: For commercial projects, State Fire Marshal plan review and final approval are required prior to issuance of the building permit.

PROJECT SQ FT: _____ (Include all areas under roof - on SF homes include basement, all floors, garage, decks, covered patio, etc.)

ESTIMATED COST OF IMPROVEMENT: \$ _____ (not including cost of the land)

RESIDENTIAL BLDG: Number of Bedrooms _____ Number of Bathrooms _____ Full _____ Partial _____ Number of Stories _____

OWNERSHIP: _____ Private (individual, corporation, nonprofit, etc.) _____ Public (federal, state, or local government)

IF APPLICANT IS NOT OWNER:

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS OR HER AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

SIGNATURE OF APPLICANT: _____ PLEASE PRINT: _____

ADDRESS IF DIFFERENT FROM ABOVE: _____

PHONE #: _____ E-MAIL ADDRESS: _____ FAX #: _____