PERMIT APPLICATION

CITY OF HAVRE DE GRACE
DEPARTMENT OF PLANNING
711 PENNINGTON AVENUE
HAVRE DE GRACE, MD 21078
410-939-1800 410-939-7632 FAX

DATE APPLIED: _____

_____
PROPERTY ADDRESS ***SUBDIVISION*** ***LIBER/ FOLIO***

_____
TAX ID ***ZONING*** ***MAP*** ***PARCEL*** ***LOT ACREAGE*** ***LOT NUMBER***

_____
PROPERTY OWNER ***ADDRESS*** ***PHONE***

_____
APPLICANT ***ADDRESS*** ***PHONE***

_____
CONTRACTOR ***LICENSE TYPE*** ***LICENSE #*** ***ADDRESS*** ***PHONE***

DESCRIPTION OF WORK: _____ ***ESTIMATED COST***

_____

_____

(submit three copies of building plans)

I HAVE READ THIS APPLICATION AND AFFIRM THAT THE INFORMATION I HAVE SUBMITTED ON IT TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH THE CODES AND LAWS OF THE CITY OF HAVRE DE GRACE AND THE STATE OF MARYLAND, WHETHER SPECIFIED OR NOT. I WILL NOTIFY INSPECTION SERVICES TWENTY FOUR (24) HOURS IN ADVANCE FOR INSPECTIONS. NO WORK SHALL BE CONCEALED UNTIL APPROVED. CONSENT IS GIVEN FOR ENTRY OF AUTHORIZED INSPECTORS UNTIL THE JOB HAS RECEIVED FINAL USE AND OCCUPANCY APPROVAL. THIS PERMIT SHALL EXPIRE SIX (6) MONTHS FROM DAY OF ISSUANCE UNLESS WORK IS STARTED AND DILIGENTLY PURSUED. PLUMBING AND ELECTRICAL PERMITS AND INSPECTIONS SHALL BE OBTAINED THROUGH HARFORD COUNTY. THE ISSUANCE OF A ZONING CERTIFICATE DOES NOT RELIEVE THE DESIGNATED USER OF THE RESPONSIBILITY OF OBTAINING THE APPROVALS OF APPLICABLE STATE AND COUNTY AGENCIES WHEN OPENING A BUSINESS.

_____
PROPERTY OWNER/ AUTHORIZED AGENT SIGNATURE ***DATE***

_____
APPLICANT EMAIL ADDRESS