



ST. MARY'S COUNTY, MARYLAND
RESIDENTIAL PERMIT APPLICATION

Permit Number:
[ ]

Please complete the information below prior to your submission. This application will be required in order to accept and process your submission. ALL INFORMATION MUST BE COMPLETE OR SUBMISSION WILL BE RETURNED TO APPLICANT.

Owner:

Mailing Address:

Phone:

Email:

Agent, Engineer or Surveyor:

Name:

Address:

Applicant:

Mailing Address:

Phone:

Email:

Property Information:

Street Address or Tax ID #: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Grid: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Zoning: \_\_\_\_\_

Airport Overlay Zone: \_\_\_\_\_ AICUZ: \_\_\_\_\_ Critical Area Zone: \_\_\_\_\_ Floodplain Zone: \_\_\_\_\_

Permit Request (mark all applicable sections [X] )::

- [ ] Custom House Addition: [ ] Garage Detached Structure: [ ] Removal Of \_\_\_\_\_ Trees
[ ] Modular Home [ ] Living Space [ ] Garage [ ] Other: Describe: \_\_\_\_\_
[ ] Mobile Home [ ] Porch/Deck [ ] Shed
[ ] Renovation [ ] Pier
[ ] Demolition: [ ] In-Ground Pool

Year structure was built: \_\_\_\_\_

If application is for construction of a house or renovation or addition to a house, please answer the following:

Is there an existing dwelling on the site? \_\_\_\_\_

Is this a replacement dwelling? \_\_\_\_\_ Is this an addition to an existing dwelling? \_\_\_\_\_

Number of Bedrooms: Existing? \_\_\_\_\_ Proposed? \_\_\_\_\_ Total? \_\_\_\_\_

If construction is proposed, please provide square footage of ALL applicable sections:

1st Floor: \_\_\_\_\_ Detached Garage: \_\_\_\_\_ Breezeway: \_\_\_\_\_

2nd Floor: \_\_\_\_\_ Detached 2nd Floor: \_\_\_\_\_ Areaway: \_\_\_\_\_

3rd Floor: \_\_\_\_\_ Landing/Stoop: \_\_\_\_\_ Other: \_\_\_\_\_

Basement: \_\_\_\_\_ Porch(es): \_\_\_\_\_ Describe: \_\_\_\_\_

Attached Garage: \_\_\_\_\_ Deck(s): \_\_\_\_\_

Attached Garage 2nd Floor: \_\_\_\_\_ Carport: \_\_\_\_\_

Total Square Footage of Proposed Construction: \_\_\_\_\_

Public Water: [ ] [ ] Public Sewer: [ ] [ ]

Value of construction: \_\_\_\_\_

Will this project include: Plumbing: [ ] [ ]

(Only if applicable:)

Electrical: [ ] [ ]

Non-Habitable Square Footage:

HVAC: [ ] [ ]

Basement: \_\_\_\_\_ 1st Floor: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_

Who will complete the construction? [ ] Contractor: \_\_\_\_\_ [ ] Myself

Contractor License # \_\_\_\_\_ Plumbing # \_\_\_\_\_ HVACR # \_\_\_\_\_ Electrical # \_\_\_\_\_

Home Builder Registration # \_\_\_\_\_ Marine License # \_\_\_\_\_

The following must be included with this application:

- [ ] Recorded Deed(s) if property is not in a recorded subdivision. Provide deeds dating back to March 15, 1978.
[ ] Plot (site) plan - 3 Prints Required For Review
[ ] Floor Plans showing interior room locations with each room use labeled. - 1 Digital Required For Review
[ ] Digital submittals are required for all documents. Emailed to: BPSERVICE@stmaryscountymd.gov

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By making this application, (1) if the applicant is not the owner, they have permission from the owner to make the application (proof may be requested), (2) I agree and consent for employees / agents of St. Mary's County Department of Land Use and Growth Management to enter upon the land, during normal business hours, to conduct such inspections as may be required or necessary to determine compliance with the Comprehensive Zoning Ordinance.