



TOWN OF SUDLERSVILLE

200 South Church Street

P. O. Box 116

Sudlersville, MD 21668-0116

Phone: (410) 438-3465

E-mail: townoffice@townofsudlersville.org

<http://www.townofsudlersville.org>

BUILDING PERMIT APPLICATION

This application is hereby made for (check as many as apply) Permit #: _____

a new structure an accessory building an addition Town Fee: _____

an alteration a relocation a demolition a sign MDIA Fee: _____

other _____ Paid: \$ _____

Application by/name: _____

Address: _____

Property Location: _____

Property Owner: _____

Contractor: _____

Applicant's phone#: (_____) _____

Applicant's e-mail: _____

Property Address: _____

Use: Zone: _____

Present use of property: _____

Proposed use of property: _____

Parcel #: _____ QAC ID #: 18- _____

Do you own the subject property? Yes No. If not, provide owner's name, address and contact information: _____

If you are not the owner, please explain the reason you are authorized to file this application for the subject property (provide documented proof for this authority): _____

TO BE FILLED IN BY TOWN OFFICE ONLY:

Date application received: _____ Date applicant notified: _____

Decision of P.C. or Z.A.: _____ Date of decision: _____

Date applicant notified of decision: _____

BUILDING PERMIT APPLICATION (CONTINUED)

CONTINUED ON REVERSE SIDE
(attach an additional page for any area of this application where you need more space.)

TO BE FILLED IN BY TOWN OFFICE ONLY:

Plumbing permit issued: Yes No Date: _____ No. _____

Electrical permit issued: Yes No Date: _____ No. _____

Sediment control permit issued: Yes No Date: _____ No. _____

Storm water mgmt. permit issued: Yes No Date: _____ No. _____

BUILDING PERMIT APPLICATION (CONTINUED)

Property size: _____ sq. ft. // Building height: _____ stories or _____ ft.

Set back: _____ feet from center line of _____ (street name)

Rear yard: _____ ft. // Side yard(s): _____ ft.

Water: Deep well Shallow well Public

Sewer: Public Private

Number of driveways proposed: _____ Width: _____

State or County road? Yes No

Contractor name, address, phone and license number: _____

Plumber name, address, phone and license number: _____

Electrician name, address, phone and license number: _____

When applicable, please provide the Town Office with a copy of your plumbing, electrical, sediment control and/or stormwater management permits as soon as possible.

Signature of applicant: _____ **Date:** _____

Signature of approving authority (Planning Commission President or Zoning Administrator):

_____ **Date:** _____

ZONING CERTIFICATE

Having investigated the foregoing application, I find that the proposed building, structure or part thereof and the proposed use thereof, or the proposed use of the land or property, conforms to the provisions of the prevailing Sudlersville Zoning Ordinance. I hereby issue this zoning certificate *subject to the following conditions*: that if any changes are desired before or during construction, the Zoning Administrator shall be notified and approval obtained before the changes are made. Describe changes here: _____

Signature of Zoning Administrator: _____ **Date:** _____

TO BE FILLED IN BY TOWN OFFICE ONLY:

Plumbing permit issued: ___ Yes ___ No Date: _____ No. _____

Electrical permit issued: ___ Yes ___ No Date: _____ No. _____

Sediment control permit issued: ___ Yes ___ No Date: _____ No. _____

Storm water mgmt. permit issued: ___ Yes ___ No Date: _____ No. _____