

Somerset County Department of Technical and Community Services

RESIDENTIAL BUILDING PERMIT APPLICATION

FOR OFFICE USE: APPLICATION # _____ SUBMITTAL DATE _____

ALL INFORMATION MUST BE PROVIDED ON THIS APPLICATION AND SUBMITTED WITH TWO SETS OF BUILDING PLANS WHICH INCLUDE A SITE PLAN SHOWING LOCATION OF CONSTRUCTION, FOUNDATION PLANS, FLOOR PLANS WITH ALL CODE REQUIRED INFORMATION, DOOR AND WINDOW SIZES, CROSS SECTIONS, FRONT REAR AND SIDE ELEVATIONS, RESIDENTIAL RES-CHECK (2015 Energy Code) FLOOD ELEVATION CERTIFICATE IF REQUIRED.

Owner / Applicant Name *: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

***Authorization from owner is required - if not same as applicant**

Address of Construction:

DESCRIPTION OF CONSTRUCTION: _____

EXAMPLE : NEW STICK BUILT SINGLE FAMILY HOME, RESIDENTIAL ADDITION, ACCESSORY BUILDING, SINGLE WIDE MOBILE HOME, MODULAR HOME ,ABOVE GROUND POOL, INGROUND POOL, SOLAR, DECK, PORCH, DOCK

FOR OFFICE USE

TAX MAP: _____, PARCEL: _____ LOT # _____ ZONING: _____, CBCA _____

FLOOD PLAIN ZONE: _____, RES CHECK REC'D _____, 911 ADDRESS _____

Sanitary Approval : _____, City of Crisfield _____, Health Dept _____

NOTICE: IT IS THE APPLICANTS RESPONSIBILITY TO OBTAIN HEALTH DEPARTMENT APPROVAL, SANITARY APPROVAL, CITY OF CRISFIELD APPROVAL, SEDIMENT CONTROL APPROVAL AND ANY OTHER OUTSIDE APPROVALS AS MAY BE DEEMED NECESSARY AFTER APPLICATION.

SEE REVERSE FOR ADDITIONAL INFORMATION REQUIRED

ADDITIONAL INFORMATION REQ'D:

CONTRACTOR NAME: _____

ELECTRICIAN NAME: _____

PLUMBER NAME: _____

HVAC INSTALLER NAME: _____

GAS INSTALLER NAME: _____

APPROX COST OF CONSTRUCTION : \$ _____

INCLUDE : TWO SETS OF CONSTRUCTION PLANS

**SITE PLAN SHOWING LOCATION OF CONSTRUCTION IN RELATIONSHIP TO
PROP LINES**

RESIDENTIAL ENERGY CHECK (RES CHECK) IF REQ'D

ELEVATION CERTIFICATE IF IN FLOOD ZONE

**PLEASE BE AWARE THAT THERE MAY BE ADDITIONAL REQUIREMENTS
ONCE APPLICATION IS PROCESSED AND EVALUATED**