



**Montgomery County
Department of Permitting Services**

255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166

www.montgomerycountymd.gov/dps



APPLICATION FOR BUILDING PERMIT – WALK THRU AND INTERMEDIATE TRACK

PERMIT NUMBER _____ REVISION _____ Change in S.F. _____ FINAL ONLY PERMIT

A. LOCATION OF WORK

House Number _____ Street _____ City _____ Zip _____

Lot _____ Block _____ Subdivision _____

B. PROPERTY OWNER (Required)

Name _____

Address _____

City _____ State _____ Zip Code _____
Cell Telephone _____ Work Telephone _____ Email _____

B. LICENSED CONTRACTOR

Business Name _____ MHIC License No. _____ Expires _____

Primary Contact _____ DPS Customer # _____

Address _____
City _____ State _____ Zip Code _____

Cell Telephone _____ Work Telephone _____ Email _____

C. WHO IS THE PERMIT HOLDER? Property Owner Licensed Contractor

D. DESCRIPTION OF WORK

Brief Description _____

CONSTRUCT: _____sf ADD: _____sf ALTER _____sf RESTORE/REPAIR _____sf

Estimated Cost: \$ _____ Disturbed Land Area: _____ sq. ft.

E. WORK TYPE

WALK-THRU

SINGLE LEVEL DECK (includes accessibility ramp) USING MONTGOMERY COUNTY DECK DETAILS? Yes No

SHED OTHER ACCESSORY STRUCTURE (describe) _____

DETACHED GARAGE

INTERIOR ALTERATION

INTERMEDIATE TRACK:

ADDITION (including porches, attached garages, covered decks, etc.)

ALTERATION (egress windows, window or door enlargements, etc.)

RETAINING WALL Height _____ ft. _____ in. (including footer – below grade)

HOT TUB OR SPA (excludes outdoor hot tubs and spas installed on a concrete floor or at grade)

F. ADDITIONAL APPROVALS

- Properties located within the historic districts, municipalities and special taxing districts may require additional approvals beyond the required Department of Permitting Services (DPS) building permit.
- For projects located in the City of Takoma Park's Commercial Revitalization Overlay, certain permits must be approved by the City prior to commencing construction.
- Please refer to "Permit Procedures for Properties within a Montgomery County Municipality".

G. WATER AND SEWER

TYPE OF WATER SUPPLY WSSC WELL OTHER: _____

SEWAGE DISPOSAL WSSC SEPTIC OTHER: _____

H. IS THE PROPERTY SUBJECT TO CONDITIONAL USE? YES NO IF YES, PROVIDE CASE NUMBER _____

I. IS THE PROPERTY AN HISTORIC RESOURCE? YES NO

J. AUTHORIZED AGENT AFFIDAVIT

I hereby declare and affirm, under penalty of perjury, that:

1. I am duly authorized to make this permit application on behalf of: _____
(please print property owner's name)

- 2. The work proposed by this building permit application is authorized by the property owner; and
- 3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.

Property Owner's Signature (<i>required</i>)	Date	Print Name
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Authorized Agent's Signature (<i>if applicable</i>)	Date	Print Name
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Agent's eMail _____ **Telephone** _____ **DPS Customer#** _____

K. TO BE READ AND SIGNED BY PERMIT HOLDER (MUST BE PROPERTY OWNER OR LICENSED CONTRACTOR)

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of the application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies. I hereby declare and affirm, under penalty of perjury, that all matters and facts set forth in the building permit application are true and correct to the best of my knowledge, information, and belief.

Permit Holder's Signature	Date	Printed Name
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