



**DPS**

Montgomery County  
Department of Permitting Services

2425 Reedie Drive, 7th Floor  
Wheaton, MD 20902  
240-777-0311  
montgomerycountymd.gov/dps



Design for Life  
Building Permit – Supplemental

**Sediment Control #** \_\_\_\_\_ **Building AP #(s)** \_\_\_\_\_ **Demolition #** \_\_\_\_\_

**A. Building Permit Address**

Add'l. House #'s If building **new** townhouses: \_\_\_\_\_  
House  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

**B. Applicant Information**

**Contact ID #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Name of Applicant \_\_\_\_\_ **Daytime Phone #:** \_\_\_\_\_  
**(Permit will be issued to Applicant)**  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**C. Contact Information**

**Contact ID #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Contact Person** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_  
**(If other than Applicant)**  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contractor Address \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_

**D. Proposed Work**

Indicate the level of accessibility  LEVEL 1 (visit-able)  LEVEL 2 (live-able)

If you are proposing to add accessibility features, list the features and the anticipated cost for each feature. Permit and inspection fees may be added to the total cost.

ACCESSIBILITY FEATURE	COST
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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**D. Additional Approvals**

Properties located within historic districts, municipalities, HOAs (Home Owner Associations) and special taxing districts may require additional approvals beyond the required Department of Permitting Services (DPS) building permit.

**E. To Be Read by the Applicant**

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.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)