



Carroll County Building Permit/Zoning Certificate Application

Bureau of Permits and Inspections
 225 N. Center Street Room 118, Westminster, MD 21157
 410-386-2674 * 1-888-302-8945
 MD Relay Service 7-1-1/800-735-2258

Building Permit

*Street Address of Job													
*Property Owner(s) as Recorded in Land Records				Property Owner Phone #				Property Owner Email Address:					
*Property Owner(s) Address				City		State		Zip					
*Contractor/Tenant Name (if Applicable)				Contractor Phone #				Contractor Email Address:				License No.	
*Address				City		State		Zip					
*Description of Work										*Exterior Finish			
										*Est. Cost			
<p>Caution: I/we have carefully examined and read this application and know the same is true and correct. I/we are also aware that whoever is indicated as the "Contractor" assumes full responsibility for this application and for the construction and will comply with all provisions of the Code of Local Laws and Ordinance for Carroll County, Maryland and State Laws whether herein specified or not. I/we further understand that the Contractor, Plumber, and Electrician are the only persons authorized to request inspections and the plumbers and electricians must file for their own applications. To state construction before a building permit is issued and/or to use and occupy the premises before a Use and Occupancy is obtained is in violation of the law.</p>													
X _____			X _____			X _____			X _____				
*Applicant's Signature			* Print Name			*Applicant's Phone #			*Date				
Email Address:													
Office Use Only													
Election District		Account #			Subdivision Name				Lot #		Lot Size		
Tax Map	Block	Parcel		Liber / Folio		Section #		Plat #		State Rd		County	Private
Foundation Size		Slab on Grade		1 st Floor		2 nd Floor		3 rd Floor		4 th Floor			
Unf. Base/Crawl		Finished Basement		Breezeway		Deck		Garage/Carport		Out Building			
# Bedrooms	# Full Bath	# Half Bath	Plumb/Gas	Electric	Sprinkler	Type Heat	Chimney	Fireplace	Woodstove	Front Porch	Side/Back Porch		
Public <input type="checkbox"/> Sewer <input type="checkbox"/> Water		Private <input type="checkbox"/> Septic <input type="checkbox"/> Well		Plans		Energy Code		Receipt No.		Permit Fee		Impact Fee	
Zoning District	Zoning Ord Section Ref.	BZA/ZA	Site Plan #	Proposed Front Yard Min. by Ord.		Proposed Rear Yard Min. by Ord.		Proposed Right Side Min. by Ord.		Proposed Left Side Min. by Ord.			
Special Conditions / Comments:							Agency		Approved by:		Date		
							Zoning						
							Plan Review						
							Fire Protection						
							Health Department						
							State/ County Road						
							City						