



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		Email Address:	
*Property Owner(s) as Recorded in Land Records		Phone #	
*Property Owner(s) Address	City	State	Zip
*Contractor's/Tenant Name (if Applicable)	Phone #	Email Address:	License No.
*Address	City	State	Zip
*Description of Work			*Exterior Finish
			*Est. Cost

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.

X _____ X _____ X _____
 *Applicant's Signature & Print Name *Applicant's Phone # *Date

Email Address:

Office Use Only													
Election District		Account #			Subdivision						Lot #		
Tax Map	Block	Parcel	Liber / Folio			Section #		Plat #			Lot Size		
School Code		State Rd	County	Private	Census Tract			Census Block	Fire District	MCDA			
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	Approvals Name	Date
	Zoning		
	Plan Review		
	Fire Protection		
	Health Department		
	State/ County Road		
	City		