



# CITY OF LAUREL

Community Planning and Business Services  
8103 Sandy Spring Road • Laurel, MD 20707-2502  
301-725-5300 • Fax: 410-792-2108

## PERMIT NO.

### BUILDING

TYPE: MECHANICAL

DATE OF APPLICATION:

LOT NO:	SUBDIVISION:	ZONING CLASS	ELECTION DISTRICT	DATE OF ISSUE:
BLOCK NO:	TAX ID NO.		10	

ADDRESS OF PROPERTY:	INTENDED USE OF PROPERTY:
	(If property use changes, a new permit is required)

OWNER OF PROPERTY (Name & Address):	WORK DESCRIPTION:
PHONE NUMBER:	

OCCUPANTS NAME (Individual/business name where applicable)	ARCHITECT'S NAME & ADDRESS:
PHONE NUMBER:	PHONE NUMBER:

APPLICANTS NAME & ADDRESS:	CONTRACTOR'S NAME:
DAYTIME PHONE NUMBER:	PG County Contractor's License # MHBR#: MHIC License #: PHONE NUMBER:

**CONDITIONS: (Office Use Only)**  
Is the dwelling unit equipped with a fossil fuel appliance? \_\_\_ Yes No \_\_\_ Is the dwelling unit equipped with a fireplace? \_\_\_ Yes No \_\_\_ (Please note: If the answer to any of the prior questions is "yes", the applicant will be required to install a combination smoke/carbon monoxide detector on each floor and in the vicinity of each sleeping room.) Per City of Laurel Ordinance No. 1576

FEE: FILING FEE: BALANCE DUE:	VALUE OF COMPLETION:
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APPROVED by the Division of Planning & Zoning:	DATE:
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APPROVED by Chief Building Official:	DATE:
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I do solemnly declare and affirm, under the penalties of perjury, that I, the owner, or agent of the owner authorized to perform the proposed work, hereby certify that the application and contents are true and correct, that construction will conform to all current Building, Zoning and Handicap Accessibility Code requirements and that I am authorized to make this application. I understand that issuance of this permit does not exempt the proposed work from the conditions of permits required by other agencies and that **this permit will expire six (6) months from the date of issue, if no work has begun.** If work has begun, noticeable progress must continue. All work must be completed within 18-months from the date of issue.

SIGNATURE OF APPLICANT: