



CITY OF LAUREL

OFFICE OF THE FIRE MARSHAL AND PERMIT SERVICES

8103 Sandy Spring Road Laurel, MD 20707-2502

301-725-5300 Ext. 2238 Fax: 301-490-5068

Web: www.cityoflaurel.org Email: fmpr@laurel.md.us



PERMIT NO.

BUILDING

TYPE: ADDITION - RESIDENTIAL ONLY

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)

If home is not sprinklered, but addition will increase the existing sq. footage by 50% or if the cost exceeds 50% of the assessed value as shown on the most recent tax assessment for the State Department of Assessments and Taxation of the building, a sprinkler system is required. 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:

VALUE OF COMPLETION:

FILING FEE:

CITY OF LAUREL IMPACT FEE: SQ.FT.

OF ADDITION _____/SQ.FT. OF

EXISTING STRUCTURE _____ =

Fee Due:

_____ %

BALANCE DUE:

APPROVED by the Department of Economic and Community Development:

DATE:

APPROVED by the Office of the Fire Marshal and Permit Services

DATE:

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: