

MAYOR AND CITY COUNCIL OF LAUREL OFFICE OF THE FIRE MARSHAL AND PERMIT SERVICES

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Phone: (301) 725-5300 FAX (301) 490-5068 • Web: http://www.cityoflaurel.org
Email: fmps@laurel.md.us



PERMIT NO.

BUILDING					DATE OF A	APPLICATION:	
TYPE:							
LOT NO:	SUBDIVISION:	ZONING		ELECTION DISTRICT	DATE OF ISSUE:		
BLOCK NO:	TAX ID NO.			10			
ADDRESS OF PROPERTY:		INTENI	INTENDED USE OF PROPERTY:				
		(If prope	(If property use changes, a new permit is required)				
OWNER OF PROPERTY (Name & Address):		WORK	WORK DESCRIPTION:				
PHONE NUMBER:							
OCCUPANTS NAME (Individual/business name where applicable			e) ARCHITECT'S NAME & ADDRESS:				
PHONE NUMBER:			PHONE NUMBER:				
APPLICANTS NAME & ADDRESS:			CONTRACTOR'S NAME:				
			DC County	Comtunatow's Line	4		
			PG County Contractor's License # MHBR#: MHIC License #:				
DAYTIME PHONE NUMBER: PHONE NUMBER:							
GRANTED HEREIN WAIVER BY THE A GRANTED HEREIN AND VOID WITHOU	SPECIFICALLY DEPENDENT FROM HIS/HER HOMEOWNER APPROPRIATE BODY OF ANY FAILURE TO OBTAIN ANY NEUT ANY FURTHER ACTION BY	S ASSOCIATION COVENANT ECESSARY APENTALE CITY OF	ON: CONDOMIN WHICH REQUI PROVAL SHALI F LAUREL. PERI	IIUM ASSOCIATIO RES APPROVAL L RENDER THIS F MITTEE SHALL N	ON; AND THE OF THE USE PERMIT NULL FOT RELY ON	VALUE OF COMPLETION:	
	OF THIS PERMIT AS A WAIV SOCIATION; CONDOMINIUM A						
APPLIES TO THE PI	ROPERTY.		, -			AMOUNT	
FEE CODE DESCRIPTION					AMOUNT		
APPROVED By the Office of the Fire Marshal and Permit Services:					DATE:		
APPROVED By the Department of Economic and Community Development:					DATE:		
I do solemnly declare and affi	rm, under the penalties of perjury, that I,	the owner, or ager	nt of the owner autho	rized to perform the pr	oposed work, hereb	Ly certify that the application	

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: