



**MAYOR AND CITY COUNCIL OF LAUREL
DEPARTMENT OF THE FIRE MARSHAL AND PERMIT SERVICES**

8103 Sandy Spring Road • Laurel, Maryland 20707 • (301) 725-5300 ext. 2238
<http://www.cityoflaurel.org> • E-Mail: FMPS@laurel.md.us

PERMIT NO.

BUILDING – Commercial – New or Additions 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)
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OWNER OF PROPERTY (Name & Address): PHONE NUMBER:	WORK DESCRIPTION:
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OCCUPANTS NAME (Individual/business name where applicable) PHONE NUMBER:	ARCHITECT'S NAME & ADDRESS: PHONE NUMBER:
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APPLICANTS NAME & ADDRESS: DAYTIME PHONE NUMBER & EMAIL ADDRESS:	CONTRACTOR'S NAME: PG County Contractor's License # MHBR#: MHIC License #: PHONE NUMBER:
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FEE: FILING FEE: CITY OF LAUREL IMPACT FEE: SQ. FT. OF ADDITION _____ SQ. FT. EXISTING STRUCTURE _____ = _____ % FEE DUE: BALANCE DUE:	VALUE OF COMPLETION
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APPROVED By the Department of the Fire Marshal and Permit Services:

APPROVED By the Department of Economic and Community Development:

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.

PRINTED NAME & SIGNATURE OF APPLICANT & DATE SIGNED: