



**MAYOR AND CITY COUNCIL OF LAUREL**  
**OFFICE OF THE FIRE MARSHAL AND PERMIT SERVICES**  
 8103 Sandy Spring Road • Laurel, Maryland 20707-2502  
 Phone: (301) 725-5300 FAX (301) 490-5068 • Web: <http://www.cityoflaurel.org>  
 Email: [fmps@laurel.md.us](mailto:fmps@laurel.md.us)



**PERMIT NO.**

**BUILDING**

TYPE: COMMERCIAL ONLY NEW OR ADDITION

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:	CONTRACTOR'S NAME:  PG County Contractor's License # MHBR#: MHIC License #: PHONE NUMBER:
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<b>CONDITIONS: (Office Use Only)</b> THIS PERMIT IS SPECIFICALLY DEPENDENT UPON PERMITTEE OBTAINING APPROVAL OF THE USE GRANTED HEREIN FROM HIS/HER HOMEOWNERS ASSOCIATION; CONDOMINIUM ASSOCIATION; AND THE WAIVER BY THE APPROPRIATE BODY OF ANY COVENANT WHICH REQUIRES APPROVAL OF THE USE GRANTED HEREIN. FAILURE TO OBTAIN ANY NECESSARY APPROVAL SHALL RENDER THIS PERMIT NULL AND VOID WITHOUT ANY FURTHER ACTION BY THE CITY OF LAUREL. PERMITTEE SHALL NOT RELY ON THE GRANTING OF THIS PERMIT AS A WAIVER OF ANY REQUIREMENT FORE APPROVAL BY ANY HOMEOWNERS ASSOCIATION; CONDOMINIUM ASSOCIATION; OR THE WAIVER OF ANY COVENANT THAT APPLIES TO THE PROPERTY.	<b>VALUE OF COMPLETION:</b>
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FEE: FILING FEE:  CITY OF LAUREL IMPACT FEE: SQ. FT. OF NEW BLDG. OR ADDITION: _____ SQ. FT. X \$0.25= \$ _____  TOTAL DUE:	
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<b>APPROVED By the Office of the Fire Marshal and Permit Services:</b>	DATE:
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<b>APPROVED By the Department of Economic and Community Development:</b>	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: