



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: fmps@laurel.md.us



PERMIT NO.

COMMERCIAL MECHANICAL- *CIRCLE TYPE OF WORK BELOW*
TYPE: NEW INSTALLATION OR DUCT WORK ALTERATION

NOTE: MECHANICAL NOT REQUIRED FOR REPLACEMENT W/NO DUCT WORK. CITY OF LAUREL ELECTRICAL PERMIT REQUIRED. ANY GAS WORK REQUIRES A PERMIT FROM WASHINGTON SUBURBAN SANITARY COMMISSION (WSSC)

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: (ATTACH MECHANICAL PLANS IF NOT INCLUDED ON A BUILDING SET ALREADY APPROVED BY CITY)
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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: MD STATE HVAC CONTRACTORS LICENSE #: PHONE NUMBER:
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	VALUE OF COMPLETION: \$
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FEE:	
BALANCE DUE:	

APPROVED by the Office of the Fire Marshal and Permit Services:	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: