



**TOWN OF TRAPPE
PERMIT APPLICATION**

4011 Powell Ave
Trappe, MD 21673
410-443-0087
410-443-0562 (fax)

Town Use

No. T- _____

Approved ____/____/____

APPLICANT INFORMATION

NAME: _____ PHONE NUMBER: (_____) _____ - _____

OWNER? (Y) (N) (owner must sign off on all applications) MAILING ADDRESS: _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____; MAP: _____; PARCEL: _____

ZONING DISTRICT: (R1) (R2) (R3) (C1) (C2) (M) (A) (VO)

AREA: _____ ft²; WIDTH: _____ ft; DEPTH: _____ ft; FRONTAGE: _____ ft

CORNER LOT? (Y) (N)

WORK INFORMATION

SITE PLAN: Submit at least two sets of plans, drawn to scale, showing: (1) the actual dimensions and shape of the parcel to be built upon; (2) the exact size and location of existing structures; and (3) the location of the proposed structure or alteration.

TYPE:

- () Single-Family Dwelling () Multi-Family Dwelling (____units) () Commercial () Industrial
- () Agriculture () Addition () Renovation/Rehab () Accessory (under 250 ft²)
- () Accessory (over 250 ft²) () Pool () Fence () Deck () Sign () Demolition
- () Other _____

SETBACKS: FRONT: _____ ft; REAR: _____ ft; SIDE: _____ ft/ _____ ft

LENGTH: _____ ft; WIDTH: _____ ft; AREA: _____ ft²; # STORIES/HEIGHT: _____

DESCRIPTION:

ESTIMATED COST: \$ _____

UTILITIES

Connect to Town water? (Y) (N) Sewer? (Y) (N) # OF METERS: _____

Connect to electricity? (Y) (N)

FIRE SPRINKLER: Must complete "Residential Fire Sprinkler Connection Charge"

BACKFLOW PREVENTER: _____; GREASE TRAP: _____

OF DRIVEWAYS: _____; WIDTH: _____ ft; # OF OFF-STREET PARKING SPACES: _____

SIGNS

TYPE: () Free-Standing () Flat () A-Frame () Projecting () Traffic Control () Awning () Directional () Pole
() Sidewalk () Window () Other _____

LENGTH: _____ ft; WIDTH: _____ ft; AREA: _____ ft²

CLEARANCE FROM GROUND: _____ ft; (ONE-SIDED) / (TWO-SIDED)

ILLUMINATED? (Y) (N)

LOCATION: _____; ATTACHMENT: _____

DESCRIPTION:

SIGN COMPANY: _____; PHONE NUMBER: (_____) _____ - _____

***ATTACH DRAWING OF SIGN

CONTRACTOR

NAME: _____; MHIC #: _____; MHBR #: _____

PHONE NUMBER: (_____) _____ - _____; ADDRESS: _____

The approval of this application is not a guarantee of compliance with and shall in no way exempt the applicant from the provisions of the laws of the State of Maryland and the Building Code and Zoning Ordinances of the Town of Trappe. The applicant hereby agrees to comply with all regulations hereto, submit plans and specifications as required, and further agrees that any misstatement or misrepresentation of facts or any CHANGE without approval of the agencies concerned shall constitute sufficient grounds for revocation or denial of a permit. The applicant grants Town Officials or their designee the right to enter onto the property for the purpose of inspecting the work permitted and posting notices. PERMIT EXPIRES 180 DAYS FROM ISSUANCE. WRITTEN REQUEST FOR EXTENSIONS MUST SHOW CAUSE AND BE FILED BEFORE PERMIT EXPIRES.

Signature of Owner: _____ Date: _____

Zoning Administrator: _____ Date: _____

Building Inspector: _____ Date: _____

Fire Marshall: _____ Date: _____

Town Clerk: _____ Date: _____

Water Capacity Fee _____ units x \$ _____ = \$ _____; Water Connection Fee \$ _____; Permit Fee \$ _____

Sewer Capacity Fee _____ units x \$ _____ = \$ _____; Water Connection Fee \$ _____; Inspection Fee \$ _____

Town Use Fees Paid On: _____; Amount: \$ _____; Payment Method: _____