

TOWN OF ELKTON
APPLICATION FOR BUILDING PERMITS

Date: _____

Name of Applicant: _____ Phone: _____

Address of Applicant: _____

Property Owner's Name: _____ Phone: _____

Property Owner's Address: _____

Are You the Property Owner? _____ (If not, an owner's affidavit may be required.)

Company/Person Doing Work: _____ Phone: _____

Address: _____ License #: _____

Address of Work Being Done: _____

*Is the Address Located in the Historic District? _____

Type of Work to be Done: _____ Est. Cost: \$ _____

Check all that apply:

Addition: _____ Size: _____ Height: _____

Deck: _____ Size: _____ Height: _____

Demolition: _____

Fence: _____ Total Linear Footage: _____ Type: _____ Height: _____

Garage: _____ Size: _____ Height: _____

Gas: _____ Description of Work: _____ Fixture Count: _____

HVAC: _____ Description of Work: _____ Est. Cost: \$ _____

Pool: _____ Height: _____ Type: _____ Fence Required? _____

Plumbing: _____ Description of Work: _____ Fixture Count: _____

Renovation: _____ Size: _____

Shed: _____ Size: _____ Height: _____ Stick Built or Store Bought? _____

Sign: _____ Type: _____ Square Footage: _____

Other: _____

(For office use only)

Map # _____ Parcel # _____ Lot # _____ Zone: _____
Land Record # _____ Account # _____