TOWN OF ELKTON APPLICATION FOR BUILDING PERMITS

100 Railroad Avenue, Elkton, Md. 21921 Phon 128

ne 410-398-4999	Fax 410-398-0
building.zoning	@elkton.org

Date:		Phone:	
Applicant:		Email:	
Applicant's Address:			
Property Owner:		Phone:	
Property Owner's Address:			
Are you the Property Owner	? (If no, an affidav	rit may be required)	
Company Doing Work:		Phone:	
Address:		License #:	
Location of Work:			
Is the address located in the	Historic District? Do you	belong to a HOA? Include approval lett	ter with application
Type of Work to be Done:		Est. Cost: \$	
		(Minus Mechanical, Plumbin	ig & Electrical costs
Check ALL that apply:			
Addition:S	ize: Height:		
Deck: Size:	Height:		
Demolition:			
Fence: Total Li	near Footage:Typo	e: Height:	
Garage: Size:	Height:		
Gas: Please of	circle: NEW OR REPLACEMEN	T Fixture Count:	
HVAC: Please c	ircle: NEW OR REPLACEMENT	T Heating: Cooling:Est. Cost _	
Pool: Height:	Type:		
Plumbing: Descrip	tion of Work:	Fixture Count:	
Renovation: Descript	tion of Work:	Est. Cost: \$	-
Shed: Size:	Height:	Store bought or stick built?	_
Sign: Type:	Square Footage:		
Other:			_
ALL ELECTRICAL APPLI	CATIONS AND INSPECTIONS A	ARE DONE THROUGH:	
BAY AREA INSPECTION A Ph: 410-620-6000/www.bain		ERICAN INSPECTION AGENCY 302-292-2000/www.americaninspectionagency.com	n
(For office use only)			
Map # Pare	cel # Lot #	Zone:	
Land Record #		Account #	