

TOWN OF SHARPTOWN

BUILDING PERMIT APPLICATION						
Date:		Estimated Cost: \$			Permit #:	
Location Address:	Number & Street Address:	Lot:	Block:	Parcel #	Zoning:	Critical Area []
Recorded Property Owner	Name:				Phone:	
	Address:				Town:	
	State:		Zip:		MHIC License #	
Contractor	Name:				Phone:	
	Address:				Town:	
	State:		Zip:		MHIC License #	
If Under Sale Contract List Buyer	Name:				Phone:	
	Address:				Town:	
	State:		Zip:		MHIC License #	
Brief Description of Work						
<input checked="" type="checkbox"/> Check Construction Type						
<input type="checkbox"/> Residential New Construction			Proposed Use:			
<input type="checkbox"/> Residential Addition/Alteration/Repair			Proposed Use:			
<input type="checkbox"/> Non-Residential New Construction			Proposed Use:			
<input type="checkbox"/> Non-Residential Addition/Alteration/Repair			Proposed Use:			
<input type="checkbox"/> Demolition			Most Recent Use:			
Lot Width:		Proposed # of Stories:				
Lot Depth:		Proposed total square feet of floor area, all floors, based on exterior:				
Lot Sq. Feet:		% of Lot Coverage		Elevation:	Type of Heat/AC:	
Front Yard Setback:		# of Off-Street Parking Spaces				
Rear Yard Setback:		Sharptown Planning & Zoning Approval: [] N/A []				
Right Side Yard Setback:		Sharptown Board of Appeals Approval : [] N/A []				
Left Side Yard Setback:						
UPON REQUEST OF SHARPTOWN BUILDING INSPECTOR COMPLETE PLANS, SPECIFICATIONS, AND PLOT PLANS, ARE ATTACHED AS A PART OF THIS APPLICATION						
<p>I certify that I am a registered and licensed contractor as required by the Town of Sharptown and State of Maryland or that I am the legal owner of the above described property. I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Town of Sharptown, Wicomico County, and the State of Maryland will be complied with, whether specified or not. I will notify the Sharptown Building Inspector twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspections until the job has received a Certificate of Occupancy.</p>						
Signature of Owner and/or Contractor					Date	

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REQUIRED INSPECTIONS

- * **Footing Inspection** - Footing area shall be inspected before any concrete is placed.
Note: The bottom of all footings shall be 24" below grade.

- * **Foundation/Floor Joist/Girders** - A foundation shall be inspected when the foundation, floor joists and girders are in place without floor sheathing.

- * **Framing** - A framing inspection shall be made when the building has been completely roughed-in and when plumbing, mechanical, and electrical work has been inspected for close-in. Proof of the plumbing, mechanical, and electrical shall be posted with the proper inspectors signature attached.

- * **Final** - A final inspection shall be made only after all building, plumbing, mechanical, gas and electrical installations have been completed. All final certificates of approval shall be made available to the Building Inspector prior to his final inspection. No building shall be occupied until a Certificate of Occupancy has been issued.

NOTE: A Sharptown Building Permit and a copy of the Wicomico Electrical permit application shall be posted at the site when work is being done. A separate Town of Sharptown Plumbing Permit is required.

CAUTION: *If the work described in any building permit has not begun within 120 days from the date of issuance, said permits shall expire. If work described in any building permit has not been substantially completed within two (2) years of the date of issuance, said permit shall expire and be cancelled.*

WORK SHALL NOT BE STARTED UNTIL ALL PERMIT FEES ARE PAID AND THE PERMIT CARD HAS BEEN ISSUED

SHARPTOWN BUILDING PERMIT FEE SCHEDULE

Up to 3,000 square feet	\$.20 per square foot
3,001 square feet and above	\$.30 per square foot
All others:	\$.15 per square foot
Garage, accessory building, pools, fences, any other residential use.	

FOR OFFICE USE ONLY:

Approvals:	Name	Date	Permit Approved By:	
Zoning			COMMENTS:	
Water & Sewer				
Health Department				
Sediment Control				
Soil Erosion Permit			Date Received	
Plans Review			Date Issued	
Footer Inspection			Fees Due	\$
Foundation			MD Guaranty Fund	\$50
Framing			Date Paid	
Final			Amount Paid	\$
Certificate of Occupancy			Cash/Check #	