

TOWN OF SHARPTOWN

Building Permit Application

Date: _____ Estimated Cost: _____ Permit #: _____

Location Address:	Number & Street Name:	Lot:	Block:	Parcel #:	Zoning:	Critical Area <input type="checkbox"/>
Recorded Property Owner:	Name:		Email:			
	Address:		Phone:			
	City:		State:		Zip Code:	
Contractor: MHIC # _____	Name:		Email:			
	Address:		Phone:			
	City:		State:		Zip Code:	
If Under Sale Contract List Buyer:	Name:		Email:			
	Address:		Phone:			
	City:		State:		Zip Code:	
Brief Description Of Work:						
<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	Proposed Use:					
<input type="checkbox"/> Other – pools, fences, etc.	Proposed 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: <input type="checkbox"/> N/A <input type="checkbox"/>					
Right Side Yard Setback:	Sharptown Planning & Zoning Approval: <input type="checkbox"/> N/A <input type="checkbox"/>					
Left Side Yard Setback:						

****COMPLETE PLANS, SPECIFICATIONS, AND PLOT PLANS, NEED TO BE ATTACHED AS A PART OF THIS APPLICATION****

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 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.

Signature of Owner and/or Contractor _____

Date _____

For inspections call First State Inspection Agency at (302) 422-3859 or (800) 468-7338

OVER

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	\$0.20 per square foot
3,001 square feet and above	\$0.30 per square foot
All others: Garage, Accessory Building, Pools, Fences, and other Residential Use	\$0.15 per square foot

FOR OFFICE USE ONLY			
Plan Review Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date	Plan Review Fee: \$ <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #	
Approvals:	Name	Date	Permit Approved By:
Zoning			COMMENTS:
Water & Sewer			
Health Department			
Sediment Control			
Soil Erosion Permit			
Plan Review			
Footer Inspection			
Foundation			
Framing			
Final			
Certificate of Occupancy			
			Date Received
			Date Issued
			Inspection Fee
			Permit Fee
			Total Due
			MD Guaranty Fund
			Date Paid
			Amount Paid
			<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #

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