



Application For Building Permit/Zoning Certificate Town Of Hillsboro, Maryland

Application Date _____

- BUILDING PERMIT** **ZONING CERTIFICATE** **OTHER:** _____
 Residential Commercial Agricultural

OWNER Name: _____

Property address: _____

Mail address (if different): _____

911 address (if different): _____

EMAIL: _____

Telephone: _____

CONTRACTOR Name: _____

Mail address: _____

EMAIL: _____

Telephone: _____ MHIC# _____

RESIDENT name (if not owner): _____

Mail address (if different): _____

EMAIL: _____

PROPERTY INFORMATION

Zoning: _____ Lot Size _____ Block: _____

Lot: _____ Parcel: _____ Critical Area _____ Tax Map# _____

PROJECT DESCRIPTION

Value of project: \$ _____

DIMENSIONS:

Width _____ Length _____ Height _____ # Stories _____ Area (SF) footprint _____

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Plumbing permit – Plumbing contractor: _____

Electrical permit – Electrical contractor: _____

SANITARY FACILITIES

Local Water _____

Local Sewer _____

SPECIAL CONDITIONS/NOTES:

CERTIFICATION

I certify that all of the information noted hereon and in any attached plans and specifications is true and correct, and understand that misrepresentation is grounds for denial and revocation of the permit. I understand that it is my responsibility to know and abide by all applicable county and state regulations governing building in Caroline County, including the request for code inspections as set forth in the building permit. Failure to comply with the aforementioned regulations could result in penalties as prescribed in the Town of Hillsboro Zoning Ordinance, Subdivision Regulations, Comprehensive Plan and Critical Area Ordinance. I understand that if construction is undertaken before receipt of an approved building permit or zoning certificate it is at my own risk and may be ordered removed at my own expense. I certify that I am authorized to make this application as the property owner or the owner's representative.

Applicant signature

Date

Permit# _____

Application fee paid: \$ _____

Permit fee paid: \$ _____

Other fees paid: \$ _____

APPROVED:

Hillsboro Commissioner

Date

Print Commissioner name