



# CENTRAL PERMITTING APPLICATION

APPLICATION #

PLEASE CIRCLE ONE:  
**RESIDENTIAL OR NON-RESIDENTIAL**

Applicant's Name \_\_\_\_\_ Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Email \_\_\_\_\_  
Property Owner(s) Name(s) \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_  
Project Address (if different) \_\_\_\_\_

Is this application for **NEW CONSTRUCTION**? Yes \_\_\_\_\_ No \_\_\_\_\_

- What is the total square footage of disturbed area for the project? \_\_\_\_\_
- What is the proposed height of the structure? \_\_\_\_\_
- What is the square footage of structure/addition? \_\_\_\_\_

Is this application for an **EXISTING STRUCTURE**? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this application for a **business**? Yes \_\_\_\_\_ No \_\_\_\_\_

- Proposed Business Name: \_\_\_\_\_
- Total square footage of structure: \_\_\_\_\_ Operating hours: \_\_\_\_\_ to \_\_\_\_\_
- How many employees? \_\_\_\_\_ How many commercial vehicles? \_\_\_\_\_
- Will your business have a sign? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type? \_\_\_\_\_

*(Additional permits will be required for any signs)*

Utilities (check all that apply): Public Water \_\_\_\_\_ Private Well \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

- If the proposed work consists of and addition or structure designed for human occupancy or if the location of the well, septic or drainfield is unknown, an approved Health Department Application for site improvement must be provided at the time of submission.
- Is this application in response to a violation? Yes \_\_\_\_\_ No \_\_\_\_\_
- Provide a **detailed** description of project:  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned applicant, certify that this application is complete, accurate and contains all required and requested information, documents and other submittals, and that all statements made herein are, to the best of my knowledge, true and correct. I further certify that I have exercised due diligence to obtain the most recent, complete and correct information available.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Received By: \_\_\_\_\_  
Date received: \_\_\_\_\_  
Municipality: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Tax Map #: \_\_\_\_\_

Health Department:	Yes _____	No _____
Building Permit:	Yes _____	No _____
Storm Water:	Yes _____	No _____
Ches Bay:	Yes _____	No _____
RPA:	Yes _____	No _____
HARC:	Yes _____	No _____
Reviewer:	_____	Approved: _____