



Mayor & Council of Berlin

10 William Street
Berlin, MD 21811
410-641-2770
www.berlinmd.gov



BUILDING PERMIT APPLICATION

DATE: _____ MAP/PARCEL#: _____ ESTIMATED COST: \$ _____ PERMIT # _____

LOCATION ADDRESS: _____ ZONING: _____ TYPE OF CONSTRUCTION: _____

BRIEF DESCRIPTION OF WORK: _____

CONTRACTOR: _____ LICENSE No. _____

CONTRACTOR PHONE: _____ CONTRACTOR EMAIL: _____

OWNER'S NAME: _____ ADDRESS: _____

OWNER/APPLICANT PHONE NUMBER: _____ OWNER/APPLICANT EMAIL: _____

- It is understood that the Developer or Property Owner shall reimburse the Town for all costs incurred for coordination, planning, engineering reviews, legal review, construction phase services, inspection services, and related services, as necessary to facilitate the proposed project.
- Construction plan(s) and site plan(s) must be submitted as part of this application. Any deviation from approved plans must be authorized by the Town. It is the responsibility of the owner/applicant to schedule all required inspections.
- All building permit applications must adhere to the latest version of the International Building Code (IBC). Please ensure that your plans and construction practices comply with the most recent IBC requirements. It is the applicant's responsibility to confirm the version of the IBC and specific code provisions in use and applicable to the project; please contact the Town of Berlin's Planning and Zoning Department to verify.
- The cost of the actual Water and Sewer connection is billed separately to include time and materials.
- This permit authorizes the contractor to construct only within the building envelope as indicated on the submitted site plan.
- This permit DOES NOT provide authorization to construct or install utilities within Town rights-of-way or easements.

By signing below, signer acknowledges that he/she is the authorized representative of the property owner and indicates agreement to the terms listed above.

SIGNATURE OF OWNER/APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED: _____ DATE APPLICATION ISSUED: _____ DATE PAID: _____

FEES:

	AMOUNT
PERMIT REVIEW	\$ _____
PERMIT	\$ _____
IMPACT	\$ _____
SEWER SPECIAL CONNECTION	\$ _____
WATER SPECIAL CONNECTION	\$ _____
OTHER	\$ _____
TOTAL	\$ _____

APPROVALS REQUIRED:

	REVIEWED BY	DATE
WATER DEPARTMENT	_____	_____
WASTEWATER DEPARTMENT	_____	_____
STORMWATER MANAGEMENT	_____	_____
PUBLIC WORKS DEPARTMENT	_____	_____
ELECTRIC DEPARTMENT	_____	_____
PLANNING AND ZONING	_____	_____
PLAN REVIEWER/INSPECTOR	_____	_____