



**INCORPERATED TOWN OF CAPITOL HEIGHTS**  
**ONE CAPITOL HEIGHTS BLVD CAPITOL HEIGHTS MD,20743**  
**USE A SINGLE CHECK OR MONEY ORDER FOR ALL FEES, PAYABLE TO "TOWN OF CAPITOL HEIGHTS"**

## Application For Building Permit

**§ 87-3 A - For every permit for construction, alteration, enlargement, removal or demolition within the Town of Capitol Heights issued by the Department of Environmental Resources of Prince George's County (hereinafter, "DER"), including but not limited to permits designated by DER as building permits and sprinkler system permits, a permit shall also be required from the Public Services Department of the Town of Capitol Heights, Maryland. A Town permit is also required for the erection of a sign. The Town permit application will include a detailed site plan drawn to a scale not less than one inch equals 20 feet.**

Estimated Project Cost \$ \_\_\_\_\_ Estimated completion date \_\_\_\_\_

- Building/Construction *Site Plan required* (additions, deck, renovations, shed, etc.)
- Driveway from curb (including apron)       Driveway from property line (*Site Plan Required*)
- Fence - *Town Permit required for any height; Zoning variances are required for fences over six (6) feet*
- Building Sign       Ground-Mounted Sign       Other Sign \_\_\_\_\_

Work Site Address \_\_\_\_\_

Project Description \_\_\_\_\_

Site Plan Provided     Yes       No      Approved Plans Provided     Yes       No

Prince George's County Case No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Occupant(s) \_\_\_\_\_       Commercial Tenant     Residential Tenant     Owner

Property Owner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor/Company: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* APPLICANT DO NOT WRITE BELOW THIS LINE \*\*\*\*\***

Application Fee:     \$25.00      Application No.: \_\_\_\_\_    Intake By: \_\_\_\_\_

**REVIEWS**

Department	By	Date	Approved	Denied	Not Required
Town Administrator	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Department	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code Enforcement	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Services Dept.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permit No. \_\_\_\_\_ Date Issued: \_\_\_\_\_