



INCORPORATED 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 _____

- Type of Permit Requested**
- 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: _____