

# CITY OF FROSTBURG

## GENERAL PERMIT APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT  
FROSTBURG MUNICIPAL CENTER  
37 BROADWAY, P.O. BOX 440  
FROSTBURG, MD 21532

Applicant's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Property Owner's Name (if different than Applicant): \_\_\_\_\_ Phone No.: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Permit Location: \_\_\_\_\_  
*Physical address or distance and direction from nearest intersection*

Located within Historic District:  Y /  N

### PERMIT TYPE

- |                                              |                                                                                             |
|----------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Home Occupation     | Business: _____                                                                             |
| <input type="checkbox"/> Occupancy           | Occupancy Type: _____                                                                       |
| <input type="checkbox"/> Solicitor           | Activity/Business: _____                                                                    |
| <input type="checkbox"/> Accessory Structure | Dimensions: _____ Electric Service: <input type="checkbox"/> Y / <input type="checkbox"/> N |
| <input type="checkbox"/> Grading             | Area Disturbed: _____                                                                       |
| <input type="checkbox"/> Fencing             | Height: _____ Fencing Material: _____                                                       |
| <input type="checkbox"/> Other               | _____                                                                                       |

WRITTEN DESCRIPTION:

PURPOSE:

### THE FOLLOWING IS REQUIRED PRIOR TO ISSUANCE OF PERMIT (to be completed by the City):

- |                                                                |                                                               |
|----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Business License                      | <input type="checkbox"/> Fire Marshal Approval                |
| <input type="checkbox"/> Historic District Commission Approval | <input type="checkbox"/> Soil Conservation District Site Plan |
| <input type="checkbox"/> Health Department Approval            | <input type="checkbox"/> Building Inspection(s)               |

*I hereby agree to comply with all regulations and codes which are applicable hereto, and further agree that any misstatement or misrepresentation of the facts presented as part of this application or change to proposal without approval of the agencies concerned, shall constitute sufficient grounds for the disapproval or revocation of the subject permit.*

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

### FOR CITY USE ONLY

FEES: Permit Fee \$ \_\_\_\_\_ + Other Fees \$ \_\_\_\_\_ = TOTAL DUE \$ \_\_\_\_\_ | Payment Type:  Cash  Check No.: \_\_\_\_\_

Application Date: \_\_\_\_\_ Taken by: \_\_\_\_\_ Status:  APPROVED  DENIED

Permit Issue Date: \_\_\_\_\_ Issued by: \_\_\_\_\_

Certificate of Occupancy Issue Date: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_