



New Market General Permit Application

Application Date: _____ Application Fee: \$50.00

FOR OFFICE USE ONLY

Fee Paid: \$_____ Check #:_____ Cash:_____

Property Owner Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Contractor Name: _____

Address: _____

Phone: _____ MD ST LIC #: _____

Description of Work: _____

Any Demolition involved: Yes No If Yes, please explain: _____

Fence Permits Only: Is there an existing fence on or next to property being permitted? Yes No

- I hereby certify that all information herein provided is true and accurate. I hereby authorize the inspection of the above premises by authorized agents of the Planning & Zoning Commission, the Zoning Administrator, and the Historic District Commission/Architectural Review Committee at any reasonable time in order to determine compliance with the approval. Work not performed as described is subject to a municipal infraction or legal action.*
- I understand that this permit is valid for one (1) year; a six (6) month extension can be granted by Planning & Zoning only.*

Owner's Signature: _____ Date: _____

