



Department of Public Services ♦ Code Enforcement Division  
 4601-A Calvert Road ♦ College Park, MD 20740  
 Telephone: 240-487-3570 Facsimile: 301-864-7965

## CONSTRUCTION AND SIGN PERMIT APPLICATION

§ 87-3 A - For every permit for construction, alteration, enlargement, removal or demolition within the City of College Park 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 City of College Park, Maryland. A City permit is required for the erection of a sign. The City permit application will include a detailed site plan drawn to a scale not less than one inch equals 20 feet. The fee for said permit will be as set forth in Chapter 110, Fees and Penalties. [Amended 1-13-2004 by Ord. No. 03-O-11]

Type of Permit Requested	Estimated Project Cost
<input type="checkbox"/> Building/Construction <i>Site Plan Required</i> (additions, deck, renovations, shed, etc.)	<input type="checkbox"/> Less than \$25,000
<input type="checkbox"/> Driveway <i>from curb (including apron)</i> <input type="checkbox"/> Driveway <i>from property line</i> <b>Site Plan Required</b>	<input type="checkbox"/> Greater than \$25,000
<input type="checkbox"/> Fence – <i>any height; Zoning variances are required for fences over six (6) feet</i>	
<input type="checkbox"/> Sign (banners, etc.)	

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

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

Site Plan Provided  Yes  No Prince George's County Case No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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  \$75.00 Application No.: \_\_\_\_\_ Intake By: \_\_\_\_\_

### REVIEWS

Department	By	Date	Approved	Denied	Not Required
Planning	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engineering	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Services	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				

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

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