

Date Rec: \_\_\_\_\_  
 Clerk: \_\_\_\_\_  
 Review #: \_\_\_\_\_

**Cecil County**  
**Department of Land Use & Development Services**  
**Division of Permits & Inspections**  
 410-996-5235



**BUILDING PERMIT REVISION APPLICATION**

**IF PROPERTY IS IN INCORPORATED TOWN LIMITS AN APPROVED ZONING CERTIFICATE/CONSTRUCTION AUTHORIZATION IS REQUIRED LISTING APPROVED REVISION\* ANY STRUCTURAL CHANGES WILL REQUIRE NEW BUILDING PLANS AND MUST BE SUBMITTED WITH APPLICATION SHOWING ALL STRUCTURAL CHANGES AND MUST BE SUBMITTED IN PERSON\* BUILDING REVIEW AND APPROVALS WILL BE REQUIRED FROM ALL DEPARTMENTS THAT APPROVED ORIGINAL PERMIT BEFORE WORK CAN CONTINUE**

Permit # \_\_\_\_\_ Has Permit Been Issued? \_\_\_ Yes \_\_\_ No? Has Any Work Been Started? \_\_\_ Yes \_\_\_ No

Property Address: \_\_\_\_\_ Lot/Suite/Unit #'s \_\_\_\_\_ City: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_

Who is applying for Revision? \_\_\_ Owner \_\_\_ Tenant \_\_\_ Contractor \_\_\_ Representative of Owner \_\_\_ Representative of Contractor

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_

**REVISION SCOPE OF WORK MUST MIRROR BUILDING PLANS SUBMITTED.**

Explain Changes to Original Scope of Work:

\_\_\_\_\_

\_\_\_\_\_

Are you Converting/Relocating Rooms? \_\_\_ No \_\_\_ Yes If Yes Converting From What To What?

Are you adding Electric to permit? \_\_\_ No \_\_\_ Yes. Are you adding Plumbing/Gas to permit? \_\_\_ No \_\_\_ Yes. Are you adding HVACR to permit? \_\_\_ No \_\_\_ Yes

Are you removing Electric off permit? \_\_\_ No \_\_\_ Yes. Are you removing Plumbing/Gas? \_\_\_ No \_\_\_ Yes. Are you removing HVACR? \_\_\_ No \_\_\_ Yes

If you are adding Square Footage, what is the new Sq Ft \_\_\_\_\_ length \_\_\_ x width \_\_\_ x height

Explain: \_\_\_\_\_

**If You Are Making Any Changes To The Bedrooms Or Bath Rooms Complete The Following**

	#Listed On Original Application	#NEW	IF ELIMINATING # OF	#FUTURE BATH ROUGH IN	IF APT/INLAW SUITE # OF	TOTAL # ON SITE AT COMPLETION OF PROJECT
BEDROOMS						
FULL BATHROOMS						
HALF BATHROOMS						

**OFFICIAL USE ONLY: THIS SECTION TO BE COMPELTED BY DEVELOPMENT PLANS REVIEW ONLY**

**Verify Property Address for Critical Area/Forest Retention/Flood Plain And Any Related Records**

**When Reviewing Site Plans For Applicant**

**WATER SOURCE?** \_\_\_ Artesian; \_\_\_ Town; \_\_\_ Private Community System; Onsite Well: \_\_\_ Existing \_\_\_ New

**WASTEWATER SOURCE** \_\_\_ County; \_\_\_ Town; \_\_\_ Private Community System; Onsite Septic: \_\_\_ Existing \_\_\_ New

**\*\*\*COOL SPRING DEVELOPMENT REQUIRES WASTEWATER INSPECTION\*\*\***

**GRADING /WASTEWATER**

Grading Permit required? \_\_\_ No \_\_\_ Yes Permit # \_\_\_\_\_ Approvers Initials \_\_\_\_\_

Waste Water Permit required? \_\_\_ No \_\_\_ Yes Permit # \_\_\_\_\_ Approvers Initials \_\_\_\_\_

**I UNDERSTAND AND ACKNOWLEDGE THAT WORK CANNOT BEGIN UNTIL APPROVED PERMIT IS ISSUED**

Applicant Print Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_