



Town of Middletown
Planning Department
31 West Main Street
Middletown, MD 21769
Phone: 301-371-6171 (fax 6474)

Zoning Certificate

Property Address: _____
 Owner: _____

Applicant: _____
 Address: _____

Phone: _____
 Email: _____

Permit # _____ Value: _____

Project Description: _____

OWNER's AUTHORIZATION: *I am the owner of this property and I am aware of the contents of this zoning certificate.*
 Owner's Name: _____
 Signature: _____

I have authorized (print)
to act on my behalf in submitting this zoning certificate.

Residential Building Permits

Internal Improvements:	\$ 40.00	_____
External Improvements:		
Deck or Porch	\$ 40.00	_____
Hot Tub	\$ 40.00	_____
Pool	\$ 50.00	_____
Fences	\$ 40.00	_____
Accessory Structure (Shed/Garage)	\$ 40.00	_____
Propane Tank	\$ 40.00	_____
Solar Panel	\$ 40.00	_____
Storage Container/Dumpster	\$ 40.00	_____
Other: _____	\$ 40.00	_____
Addition	\$ 40.00	_____
Demolition	\$ 50.00	_____
Home Occupation	\$ 50.00	_____
- Signage	\$ 40.00	_____
New Residence		
Single-Unit	\$ 200.00	_____
Multi-Unit	\$200+100/	_____
Additional unit		_____

Commercial Building Permits

Internal Improvements	\$ 100.00	_____
External improvements		
Signage	\$ 100.00	_____
Fence	\$ 100.00	_____
Accessory Structure	\$ 100.00	_____
Structure Conversion	\$ 100.00	_____
Propane Tank	\$ 100.00	_____
Solar Panel	\$ 100.00	_____
Demolition	\$ 100.00	_____
New Commercial	\$ 500.00	_____
Change of Tenant	\$ 50.00	_____
Change of Use	\$ 50.00	_____
Change of Owner	\$ 50.00	_____
Other	\$ 100.00	_____

Water & Sewer Connection Fees

Water Tap	\$ 9,000.00	_____
Sewer Tap	\$ 9,000.00	_____
Improvement	\$ 12,000.00	_____
1" Outside Meter	\$ 500.00	_____
(New Home w/vault installed)		_____
1" Outside Meter	\$ 2,000.00	_____
(New Home w/out vault installed)		_____

****If your project involves digging you will be charged separately for utility line marking fees.**

_____ Plot Drawing attached
 _____ Fence Easement Agreement (if applicable)
 _____ Grease Trap Plans attached (if applicable) Town Engineer's Signature

Total: _____ Cash or Check ONLY

Signature: _____

Date: _____

OFFICE USE ONLY

Fee Paid: Cash _____ Check _____ Check # _____ Date: _____
 Approved _____ Denied _____ Approved/Disapproved By: _____
 Reason/Condition: _____