

Deck Permit Application

Town of Greensboro
Deck Permit Application

Permit # _____
App. Date _____
App. Fee _____ MDIA fee _____

Property Owner's Name: _____

Property Owner's Address: _____

Phone: _____ (home) _____ (work)

Property location if different than above: _____

Proposed Work: _____

Estimated value of work _____ Deck Size _____

You will need to completed the attached pages and return them with this application.

Footer and Final inspections are required. Please call Town Hall 24 Hours prior to schedule your inspection. 410-482-6222

The applicant hereby certifies and agrees as follows:

- 1- That he/she is authorized to make this application.
- 2- That the information provided is correct.
- 3- That he/she will comply with all regulations applicable hereto.
- 4- That only work specifically described in this application will be performed.
- 5- That he/she grants the town officials or agents of the town the right to enter the property for the purpose of inspecting the work permitted and posting notices.

Owner's Signature _____ Date _____

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

Zoning Administrator's Signature _____ Date _____

Building Inspector's Signature _____ Date _____