



301 223 7711 X210

# Town of Williamsport

2 North Conococheague Street

Williamsport, Maryland 21795

## Town Zoning and Building Permit Application

Washington Co Permit Number \_\_\_\_\_

Williamsport Permit Number \_\_\_\_\_

planning\_zoning@williamsportmd.org

P r o p e r t y	Job and/or Street Location	Parcel Number	Current Zoning Code	Type of Permit: (check one)		
				County	Demolition	Zoning
O w n e r	Type of Zoning Change Being Requested: If Applicable: (attach additional comments if space insufficient)					
	Type of Improvement (Dwelling, Detached Garage, Deck, Finish Basement, Remodel, ETC.)					
A p p l i c a n t	Property Owner(s) Please print				Telephone Number	
	Property Owner(s) Address		City	State	Zip Code	
	Signature of Property Owner				Date	
A p p l i c a n t	Applicants Name (if different than Property Owner)				Telephone Number	
	Applicant / Owner Representative Address		City	State	Zip Code	
	Total Finished Square Footage(All Habitable Spaces)		Total Unfinished Sq Footage (Basement , Porch/Deck, etc.)			
A p p l i c a n t	Brief Description of Construction and/or Zoning Change <b>(Site Plan must be submitted)</b>					
	Example: Two story dwelling, full, unfinished basement with rough-in full bath, two-car attached garage on slab with finished area above, wood burning fireplace in family room direct vent gas fireplace in living room, rear deck without roof, covered front porch.					
	Signature of Applicant:				Date	
A p p e a l	(Space provided for additional comments Zoning Adm and/or Planning & Zoning Board)					
	Applicant authorizes Zoning Administrator to file an <b>appeal to the Board of Zoning Appeals</b> and a deposit has been collected. Applicant understands that addition cost(s) will be charged dependent upon the CFI expenses incurred.					
R e q u e s t	_____ (Signature of Applicant)		Deposit \$ _____	Collection Date _____	Initial _____	
			CFI Costs \$ _____	Collection Date _____	Initial _____	
A p p r o v a l	This is authorizing that <b>Zoning Certification for Licensing Approval</b> (Traders License) through the <b>Washington County Circuit Court</b> is permissible.					
					Signature of Zoning Administrator _____	
S i g n a t u r e	<b>ZONING CERTIFICATION is in compliance with Town Zoning Ordinances.</b> Upon payment of \$ _____ to the Town Clerk, you are authorized to submit this form and other required information to the <b>Washington County Permits Department</b> for final processing and approval. You will be advised when to pick-up permit approvals at Williamsport Town Hall.					
	Signature of Zoning Administrator _____				Date _____	
S i g n a t u r e	Signature of Planning and Zoning Representative _____				Date _____	

# Administrative Fees Volume II, Chapter D

## Town of Williamsport Administrative Fee Policy Summary

**Permits: (Site Plan Must Accompany Permit)**

	Costs
1. Residential (internal, external, new multiple and demolition)	\$50.00 + CFI
2. Commercial (internal, external, conversions, demolition and use charge)	\$200.00 + CFI
3. Commercial (construction)	\$500.00 + CFI
4. Temporary Storage Container (s) (residential and non-residential)	\$50.00 + CFI
5. Permanent Signage (Ref. Article 7 of Municipal Zoning Ordinance)	\$50.00 + CFI
6. Rezoning Fee(s) Initiated with Permit Application	\$300.00 + CFI

**Board of Appeals: (Signature of appellant must be initiated with original Permit Application)**

1. Variance (Non Principled Structures)	\$100.00 + CFI
(Principled Structures)	\$200.00 + CFI
2. Special Exceptions	\$300.00 + CFI
3. Administration Error(s)	\$200.00 + CFI

<b>Rezoning Fee(s)</b>	\$300.00 + CFI
<b>Annexation Fee(s)</b>	\$1,000.00 + CFI

\*(Consultant Fees Invoiced) (CFI) designation incorporates all expenses incurred for Attorney Fee, Engineering Consultation, Traffic Studies, Zoning Administrator, Legal advertisements, and other miscellaneous Town employee man-hours outside normal process. Also, when warranted equipment fees such as electrical and/or water meters may be added. These fees will be invoiced, and must be paid prior to final approval.

**Utility Connections:**

Water	\$1,000.00 + CFI
Sewer	\$1,000.00 + CFI
Electrical	N/A

# Town of Williamsport

## Public Information Act Request Form

Date of Request \_\_\_\_\_

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
E-mail Address

Description of Requested Public Document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Form of Response:

\_\_\_\_\_ Inspection of documents only

\_\_\_\_\_ Copies of document (Requires prepayment of estimated copying costs -- \$.25 per page. You will be billed if it exceeds your payment.)

### Method of Delivery:

\_\_\_\_\_ Pick up (You will be notified by telephone or e-mail when the documents are available)

\_\_\_\_\_ Mail to address indicated above (Requires the prepayment of postage costs.)

The Town of Williamsport will produce the requested documents within thirty (30) days if the documents are available. If your request is denied, you will be notified within ten (10) days.

If the request requires more than two (2) hours to research and compile, you may be charged for the employee's time after the first two hours. You will be notified of the estimated cost and, if the scope of work is extensive, an estimated prepayment may be required.

\_\_\_\_\_  
Applicant's Signature

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**FOR OFFICE USE ONLY**

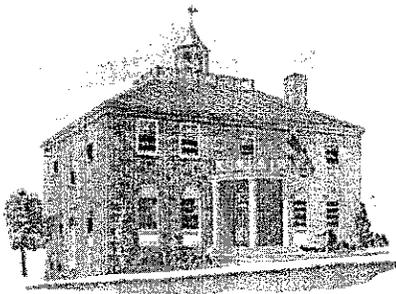
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Request Number \_\_\_\_\_

Custodian's Signature \_\_\_\_\_

Request: Approved \_\_\_\_\_ Date Completed \_\_\_\_\_

Denied \_\_\_\_\_ Date of Denial Letter \_\_\_\_\_



# The Town of Williamsport

2 NORTH CONOCOCHIEGUE STREET  
P. O. BOX 307  
WILLIAMSPORT, MARYLAND 21795

OFFICE OF  
MAYOR AND COUNCIL

TELEPHONE (301) 223-7711  
FAX (301) 223-5303

## BOARD OF ZONING APPEALS REQUEST FOR BUILDING AND ZONING PERMIT

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER: \_\_\_\_\_

PROPERTY: \_\_\_\_\_

PRESENT ZONING: \_\_\_\_\_

REQUESTED USE: \_\_\_\_\_

APPROVED SUBJECT TO  
CONDITIONS SET FORTH  
ON ATTACHED PERMIT:

DATE: \_\_\_\_\_

\_\_\_\_\_  
C. RICHARD GRIMM, ZONING ADM.

### DENIAL OF PERMIT

Your above request for a permit is hereby denied because:

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

DATE: \_\_\_\_\_

\_\_\_\_\_  
C. RICHARD GRIMM, ZONING ADM

### NOTICE OF APPEAL

Please note an appeal to the Board of Zoning Appeals for the Town of Williamsport

\_\_\_\_\_  
owner/agent

# The Town of Williamsport

2 North Conococheague Street  
PO Box 307  
Williamsport, MD 21795  
301-223-7711

## Gazebo Reservation

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Number in Party: \_\_\_\_\_ Reservation Date: \_\_\_\_\_

**To receive a refund, cancellation  
must be made two (2) weeks  
prior to reservation date.**

Total Fee: \_\_\_\_\_

Approved By: \_\_\_\_\_

### Regulations:

1. Rental time is from 9:00 am until 9:00 pm. One day only.
2. Your rental is for the gazebo only.
3. Adult supervision must be provided at all times.
4. Town ordinance prohibits alcoholic beverages.
5. Skateboards, rollerblades, and scooters are prohibited, as per Town ordinance.
6. Picnic tables may not be moved onto gazebo.
7. Trash should be placed in the trash cans that are provided.
8. Concrete benches surrounding the gazebo may not be moved.
9. In case of emergency, call: 301-223-7711
10. Failure to follow regulations will result in rental privileges being revoked.

I have read and agree to follow the rules and regulations listed here for reserving and using the Gazebo.

I also agree that I will be responsible for all damages caused during or as a result of my rental.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# The Town of Williamsport

2 North Conococheague Street  
PO Box 307  
Williamsport, MD 21795  
301-223-7711

## Community Building Reservation

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Number in Party: \_\_\_\_\_ Reservation Date: \_\_\_\_\_

**To receive a refund, cancellation  
must be made two (2) weeks  
prior to reservation date.**

Total Fee: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Approved By: \_\_\_\_\_

### Regulations:

1. Rental time is from 9:00 am until ~~10:00~~ <sup>10:30</sup> pm. You may not enter the building any other day. Failure to leave by 10:30 pm, will result in a call to the Sheriff's Department and forfeiture of your security deposit.
2. Fire places are not operational.
3. Adult supervision must be provided at all times.
4. Town ordinance prohibits alcoholic beverages.
5. No live bands.
6. No tape, glue, nails, or tacks on any walls, ceilings, windows, floors, etc.
7. All heavy equipment must be picked up and carried. Do not drag across the floor.
8. Do not move ice maker.
9. Do not sit or stand on tables or window sills.
10. All floor spills must be cleaned up. A mop and broom are available in the closet for your use.
11. Tables must be wiped clean and must be put back as you found them.
12. Stove must be cleaned and turned off. Refrigerator and freezer doors must be tightly closed.
13. All trash must be securely bagged and put in container behind the building.
14. Make sure all doors are closed, lights and air conditioner are off, toilets are flushed, and both outside doors are locked.
15. In case of emergency, call: 301-223-7711
16. Failure to follow regulations will result in rental privileges being revoked.

I have read and agree to follow the rules and regulations listed here for reserving and using the Community Building.

I also agree that I will be responsible for all damages caused during or as a result of my rental.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# *The Town of Williamsport*

2 North Conococheague Street  
PO Box 307  
Williamsport, MD 21795  
301-223-7711

## **Pavilion Reservation**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Number in Party: \_\_\_\_\_ Reservation Date: \_\_\_\_\_

<p><b>To receive a refund, cancellation must be made two (2) weeks prior to reservation date.</b></p>	<p><b>Total Fee:</b> _____</p> <p><b>Approved By:</b> _____</p>
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### Regulations:

1. Rental time is from 9:00 am until 9:00 pm. One day only.
2. Your rental is for one pavilion only.
3. Adult supervision must be provided at all times.
4. Town ordinance prohibits alcoholic beverages.
5. Skateboards, rollerblades, and scooters are prohibited, as per Town ordinance.
6. Tables must be returned to original location.
7. Bathrooms are to be checked and all water faucets must be turned off.
8. Trash should be placed in the trash cans that are provided.
9. Smoking containers are located at each pavilion.
10. No horseshoe playing.
11. In case of emergency, call: 301-223-7711
12. Failure to follow regulations will result in rental privileges being revoked.

I have read and agree to follow the rules and regulations listed here for reserving and using the Pavilion.

I also agree that I will be responsible for all damages caused during or as a result of my rental.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR PERMIT TO USE FACILITIES OF THE TOWN OF WILLIAMSPORT, MARYLAND

Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant is : An Individual \_\_\_\_\_ An Unincorporated Association \_\_\_\_\_  
A Corporation \_\_\_\_\_ Other \_\_\_\_\_

The undersigned, on behalf of the applicant, does hereby request and make application to the Town of Williamsport, Maryland, to use the facilities of the Town, more particularly described as follows:

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

The applicant certifies and agrees that the premises described herein shall be used only for the purposes of \_\_\_\_\_ and for no other purpose.

This request for a permit to use the area in question is for permission to use the premises on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, from \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm.

The applicant agrees and recognizes the fact the permit applied for herein shall terminate automatically without further notice at the time specified.

The applicant agrees that it shall comply with all applicable laws, rules, and regulations applicable to the area in question.

Applicant further agrees that in the event of any violation of any said laws, rules, and regulations applicable to the area in question, of whatsoever nature in kind, that this permit automatically terminates without further notice and applicant agrees to vacate the premises.

Upon termination of the use of the premises, applicant agrees that the premises and property in question shall be restored to the same condition as when the use commenced. Applicant shall be responsible for any debts or any other costs arising from the use.

If any permits, licenses, or regulations of any Federal, State, County or Municipal corporation are required for the activity, then and in said event, applicants shall be responsible for obtaining same and shall hold the Town harmless from any cost for same and/or any fines or expenses connected therewith.

Applicant further represents and agrees to hold and indemnify the Town of Williamsport, its agents, servants, representatives, officials, employees, and attorneys harmless and indemnify same from any and

all suits, demands, fines, expenses, losses, liabilities, or costs of any kind whatsoever arising directly or indirectly from the use of the premises by the applicant. In the event that the applicant has insurance, the Applicant shall furnish the Town with the appropriate certificates of insurance indicating that the Town has been added as an endorsement as an additional insured.

The undersigned applicant \_\_\_\_\_ is insured \_\_\_\_\_ is not insured. Organizations please provide certificate of insurance.

The undersigned applicant represents and accepts this permit, subject to its terms, obligations, conditions, and reservations set forth in this application. The undersigned signatory represents unto the Town that he/she has the authority to execute this application on behalf of himself/herself and/or the applicant. The undersigned assumes all responsibility for any damages and costs to the premises arising from the use thereof.

Other conditions of use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Permit

The above permit is hereby granted for the use only as above indicated of the premises described therein.

\_\_\_\_\_  
Donnie Stotelmyer, Town Clerk

\_\_\_\_\_  
Date

Town of Williamsport  
P.O. Box 307  
Williamsport, MD 21795  
301-223-7711

**POOL PARTY  
RESERVATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NUMBER ATTENDING: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**COST INFORMATION( Per Hour):**

	In-Town	Out of Town
1-50 attending (2 guards)	\$ 80	\$ 90
51-75 attending (3 guards)	\$100	\$110
76-100 attending (4 guards)	\$130	\$150

Duration of Party: \_\_\_\_\_ hrs.      **Total Cost: \$** \_\_\_\_\_

**REGULATIONS:**

1. All swimmers must shower before entering the pool.
2. No running, pushing, loitering, or horseplay in the pool area or shower room.
3. No glass containers or smoking allowed inside the pool area.
4. No swimming in the vicinity of the diving board and no diving in shallow areas.
5. No profanity, vulgar language or alcoholic beverages allowed on premises.
6. Only proper swimming attire: No cutoffs, t-shirts or inappropriate swimwear.
7. **Children under 4 years of age must wear proper infant swimwear that can be purchased at office. No child under 4 is allowed in the pool without the appropriate swim wear.**
8. Children under 10 must be accompanied by an adult. Wading pool use is restricted to children and responsible adults accompanying them.
9. Trash must be placed in proper receptacles.
10. Not responsible for loss or damage of personal items.
11. Only staff permitted in office area. The staff reserves the right to expel anyone from the pool for an infraction of these rules, or for any unsafe behavior.
12. Questions, comments or concerns should be directed to the Town Hall at 301-223-7711.
13. Failure to follow these rules will result in rental privileges being revoked.
14. No additional guests may enter the pool then the number of guests you provided. If, after making this contract, you will need additional guests, the contract will need to be modified and payment of the additional cost needs to occur.
15. **Keep in touch with the pool about your party at 301-223-5983 after 4:30 pm.**

I have read and agree to follow the rules and regulations listed here for reserving and using the Pool. I also agree that I will be responsible for all damages caused during or as a result of my rental.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Employment Application

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Date: / /

## APPLICANT DATA:

Position applied for:

Full Name:

Address:

LAST

FIRST

MIDDLE

City:

State:

Zip:

Phone: ( )

Cell/Beeper/Other Phone:

E-Mail Address:

Date available to start:

Social Security #:

Salary Requirement:

If you are under 18 and we require a work permit, can you furnish one?  Yes  No

If no, please explain:

Have you ever worked for this company?  Yes  No If yes, when?

Are you a citizen of the United States?  Yes  No If not, are you legally allowed to work in the United States?  Yes

Type of employment desired:  Full-time  Part Time  Temporary  Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime?  Yes  No

If yes, give dates and details:

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, and position applied for will be considered.

Driver's license number if applicable to position:

State:

Who referred you to us?

## EDUCATION:

High School:

Address:

# of Years Completed:

Did you graduate?  Yes  No

GPA:

Class Rank:

College/University:

Address:

# of Years Completed:

Did you graduate?  Yes  No Degree:

Major:

GPA:

Class Rank:

Other:

Address:

# of Years Completed:

Did you graduate?  Yes  No Degree:

Major:

GPA:

Class Rank:

## REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed.

Name:

Phone: ( )

Address:

City:

State:

Zip:

Name:

Phone: ( )

Address:

City:

State:

Zip:

**SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:**

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**PREVIOUS EMPLOYMENT (begin with most recent position):**

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position(s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

*I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.*

*In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

