REQUEST FOR TRANSFER OF BUILDING PERMIT

Building Permit Number			
Location of Property			
Name of Original Owner(s)/Permittee(s)			
Mailing Address			
Phone Number			
I/We, the undersigned do hereby request that the abapplicant(s). I/We understand that upon acceptance any rights I/we have or may be entitled to under this	e of this transfer by Anne Arundel		
Signature of Original Permittee Date	Signature of Original Permi	ttee	Date
STATE OF MARYLAND, COUNTY OF	, to wit:		
I HEREBY CERTIFY, That on this	_ day of	, 20	_, before me,
the subscriber, a Notary Public in and for the State	and County aforesaid, personally a	ppeared _	
_	known to	me (or sat	isfactorily
proven) to be the person(s) whose name(s) is/are su	abscribed to the within Request for	Transfer of	of Building
Permit and acknowledged that same was executive	• •		
IN WITNESS WHEREOF, I hereunto set n	ny hand and official seal.		
My commission expires:	Notary Public	_	
New Permittee Name(s)			
Mailing Address			
Phone Number	Email		

listed in my/our name(s) and that I/we will be totally and completely responsible for performance under the permit as if I/we were the original permittee(s). Signature of New Applicant Signature of New Applicant Date Date STATE OF MARYLAND, COUNTY OF _______, to wit: I HEREBY CERTIFY, That on this ______ day of _______, 20____, before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within Request for Transfer of Building Permit and acknowledged that same was executed for the purposes therein contained. IN WITNESS WHEREOF, I hereunto set my hand and official seal. Notary Public My commission expires: Office Use Only Transfer Approved: By: Assistant Director, Inspections and Permits Date

I/We, the undersigned, do hereby agree to accept and comply with all conditions of the above referenced building permit. I/We further understand and agree that the above-noted permit will be