



**City of Annapolis**  
**Department of Planning & Zoning**  
 145 Gorman Street, 3<sup>rd</sup> Floor  
 Annapolis, MD 21401-2529

[Permitting@annapolis.gov](mailto:Permitting@annapolis.gov) • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Plumber and/or Gas Fitter License Application

City Code Chapters [17.24](#) and [17.28](#)

### Instructions

1. The applicant obtains an application either on the website or at the office above. Incomplete applications will not be processed.
2. Submit the following with the application to the office above:
  - a. A photocopy of your driver's license.
  - b. Copy of Insurance Certificate. Minimum amount: \$300,000 General Liability and \$100,000 Property Damage. CERTIFICATE HOLDER SHOULD BE THE ACITY OF ANNAPOLIS.
  - c. Copy of Maryland State Master Plumber's License.
  - d. Copy of current State of Maryland *or* Anne Arundel County Gas Fitter's License **only** if applying for a City Gas Fitter license.
  - e. License fee \$160.00, non-refundable; checks should be made payable to the *City of Annapolis*.

### Application

Name of licensed plumber \_\_\_\_\_

Trading as \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ E-mail address \_\_\_\_\_

|                                   |     |                                     |                             |
|-----------------------------------|-----|-------------------------------------|-----------------------------|
| Type of license applying for      | New | Renewal                             |                             |
| _____ Master Plumber              |     | _____ Journeyman Plumber            | _____ Apprentice Plumber    |
| _____ Master Gas Fitter           |     | _____ Journeyman Gas Fitter         | _____ Restricted Gas Fitter |
| _____ Master Plumber & Gas Fitter |     | _____ Journeyman Plumber/Gas Fitter |                             |

I hold current license number with:

State of MD license # \_\_\_\_\_

County license # \_\_\_\_\_ for County of \_\_\_\_\_

City of Annapolis license # \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Approved by \_\_\_\_\_ Date \_\_\_\_\_

| Check list | Initials | Date  |
|------------|----------|-------|
| Computer   | _____    | _____ |
| License    | _____    | _____ |
| Fee        | _____    | _____ |