

**TOWN OF NORTH BRENTWOOD**  
**EMERGENCY PREPAREDNESS SURVEY/QUESTIONNAIRE**

PLEASE RETURN THIS FORM TO:  
NORTH BRENTWOOD TOWN HALL  
4009 WALLACE ROAD  
NORTH BRENTWOOD, MARYLAND 20722

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

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

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

CELL PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT INFORMATION: NAME/ADDRESS/PHONE

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

NUMBER OF ADULTS IN HOUSEHOLD: \_\_\_\_\_

AGES: 18-35  36-45  46-55  56-65  66-75  76-older

NUMBER OF CHILDREN IN HOUSEHOLD:

AGES: INFANT - 2  3-7  8-10  11-15  13-17

ARE THERE ANY DISABLED FAMILY MEMBERS IN HOUSEHOLD? YES  NO

HOW MANY ARE DISABLED? \_\_\_\_\_

WHAT IS THE LOCATION OF DISABLED FOR EMERGENCY EXIT? REAR  FRONT  OTHER (EXPLAIN)

IF SO, WHAT ARE THEIR SPECIAL NEEDS? (SUCH AS HEARING IMPAIRED, NEED WHEELCHAIR ACCESS/DIABETIC ETC.)

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

DO THEY NEED A CAREGIVER? YES  NO

DO YOU HAVE A PET? YES  NO  TYPE \_\_\_\_\_

*THIS INFORMATION IS STRICTLY CONFIDENTIAL, IT IS ONLY USED FOR EMERGENCY PREPAREDNESS PURPOSES.*

*MAYOR AND COUNCIL, TOWN OF NORTH BRENTWOOD*

TNBEMERG1010



**TOWN OF NORTH BRENTWOOD  
Building Permit Application**

Check the one that applies:  Erect  Repair  Alter  Extend  Raze

Building permit purpose: \_\_\_\_\_

Address where work will be performed: \_\_\_\_\_

Name of Owner of Property: \_\_\_\_\_

Address of Owner of Property: \_\_\_\_\_

Phone Number of Owner of Property: \_\_\_\_\_

If this is for a business, please give Town Business License Number: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

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

Prince George's County Permit Number: \_\_\_\_\_

Town of North Brentwood's Permit Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Fee for Town Permit \$25.00

Signature of owner/Agent: \_\_\_\_\_

Application Filing Date: \_\_\_\_\_

**ATTACHE A COPY OF COUNTY PERMIT TO APPLICATION**

**OFFICAL USE ONLY**

Application Received By: \_\_\_\_\_

APPROVED  NOT APPROVED:

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