

**COMMERCIAL**  
Application For  
Zoning Approval  
and  
**USE PERMIT**



Office Use Only

Use A/P #: \_\_\_\_\_  
 Received by: EH: \_\_\_\_\_ Date: \_\_\_\_\_  
 Received by I&P: \_\_\_\_\_ Date: \_\_\_\_\_  
 Scanned by: \_\_\_\_\_ Date: \_\_\_\_\_

Calvert County Inspections & Permits Division, County Services Plaza, 150 Main Street, Suite 201, Prince Frederick, MD 20678  
 (410) 535 2155 (410) 535-2156 (410) 535-1600 (301) 855-1243

**Property Owner Information:**

Name: \_\_\_\_\_  County Project  Non-Profit Organization  
 Phone #: ( ) \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Premise Address:**

Premise Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Premise Information:**

Commercial Project Name: \_\_\_\_\_  Food Establishment  
 Commercial Center Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ Suite #: \_\_\_\_\_  
Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search  
 Tax ID # \_\_\_\_\_ Tax Map \_\_\_\_\_ Grid \_\_\_\_\_ Parcel \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Section \_\_\_\_\_  
 Town Center District:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Lot Size or Acreage: \_\_\_\_\_  
 Water:  Individual Well  County  Private System Sewer:  Septic Tank  County  Private System

**Directions to site from Courthouse**

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

**Business Information:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

- A. This permit application must be submitted to the Inspections and Permits Division to be forwarded for review. Incomplete submittals and/or unsigned applications may result in processing delays.
- B. This Use permit is not transferable.
- C. This permit is only valid for the address and business as listed.

**NEW USE PERMIT**

Proposed Use: \_\_\_\_\_ Proposed Company/Business Name: \_\_\_\_\_

**CHANGE IN USE PERMIT**

Existing Use: \_\_\_\_\_ Previous Company/Business Name: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_ Proposed Company/Business Name: \_\_\_\_\_

PROPOSED TYPE OF USE			
<input type="checkbox"/> Assembly (civic, social, religious, recreations, food/drink)	# of Occupants/Patrons:	<input type="checkbox"/> Institutional (detaining for correctional purposes)	
<input type="checkbox"/> Business (office, professional, service)		<input type="checkbox"/> Mercantile (display and sale of merchandise)	
<input type="checkbox"/> Educational (school) <input type="checkbox"/> Educational (day care)	# of Classrooms:	<input type="checkbox"/> Residential (hotels, assisted living)	# of Rooms:
	# of Enrollment:		# of Clients:
<input type="checkbox"/> Factory Industrial (assembling, fabricating, manufacturing, repair, etc)		<input type="checkbox"/> Storage (warehouse)	

I hereby certify that I have read and understood the above requirements; and I have the authority to make this application, the information given is correct, and the use and construction shall conform to the County Zoning Ordinances.	<b>OWNER or AUTHORIZED AGENT (circle one)</b>	
	SIGNATURE: _____	Date: _____
	PRINT NAME: _____	
	Phone #: ( ) _____	
	Mobile #: ( ) _____	
Email: _____		

**APPROVED BY THE ENVIRONMENTAL HEALTH DEPARTMENT**  
 SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  Food Facility Plan is required

**APPROVED BY THE DEPARTMENT OF PLANNING & ZONING**  
 SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_