

**COMMERCIAL/
INSTITUTIONAL**
Application for
**HEALTH DEPARTMENT/
ZONING APPROVAL**
and/or
BUILDING PERMIT



Check the status of your permit online at: www.co.cal.md.us/permlkups/main.aspx

Office Use Only

Building A/P # _____
Grading 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 Fax (410) 414-3283

Property Owner Information	Name: _____ <input type="checkbox"/> County Project <input type="checkbox"/> Non-Profit Organization
	Phone: () _____ Mobile #: _____ E-mail: _____
	Mailing Address: _____ City: _____ State: _____ Zip: _____

PROPOSED PROJECT LOCATION INFORMATION

Premise Address	Premise Address: _____	City: _____	State: _____	Zip: _____
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Additional Premise Information	Commercial Project Name: _____ <input type="checkbox"/> Food Establishment			
	Commercial Center Name: _____ Unit #: _____ Suite #: _____			
	<i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found at Maryland Real Property Data Search</i>			
	Tax ID# _____ Map _____ Parcel _____ Block _____ Lot _____ Section _____			
	Town Center <input type="checkbox"/> Yes <input type="checkbox"/> No District <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Lot size or Acreage: _____			
	WATER: <input type="checkbox"/> Individual Well <input type="checkbox"/> County <input type="checkbox"/> Private System (not Co.) SEWER: <input type="checkbox"/> Septic Tank <input type="checkbox"/> County <input type="checkbox"/> Private System (not Co.)			
	Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No Wetlands <input type="checkbox"/> Yes <input type="checkbox"/> No Critical Area (CA) <input type="checkbox"/> Yes <input type="checkbox"/> No Steep Slopes ≥25% (≥15% in CA) <input type="checkbox"/> Yes <input type="checkbox"/> No Forest Retention Area (FRA) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Streams <input type="checkbox"/> Yes <input type="checkbox"/> No Road Access <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Private Agricultural Preservation District <input type="checkbox"/> Yes <input type="checkbox"/> No Historic District <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Plan (SPR) # _____ (PRJ) # _____ Architectural Review case # _____ Board of Appeals case # _____				

Directions to site from Courthouse	_____
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Contractor Information	Company Name: _____
	Mailing Address: _____ City: _____ State: _____ Zip: _____
	Phone: () _____ Mobile #: _____ E-mail: _____
	Contact Name (please print): _____
	Calvert County License #: _____ MHIC License #: _____

PROPOSED TYPE OF WORK:	DESCRIPTION OF PROPOSED WORK:
<input type="checkbox"/> Add to Existing Structure <input type="checkbox"/> Demolition of Structure	_____
<input type="checkbox"/> Fire Restoration <input type="checkbox"/> New	_____
<input type="checkbox"/> Remodel / Repair <input type="checkbox"/> Replace Existing Structure	_____
<input type="checkbox"/> Seasonal <input type="checkbox"/> Violation Correction (# _____)	_____

TYPE OF PROPOSED STRUCTURE	ESTIMATED CONSTRUCTION COST \$
<input type="checkbox"/> Co-location of Antenna <input type="checkbox"/> Communication Tower	_____
<input type="checkbox"/> Comm. Accessory Structure <input type="checkbox"/> Comm. Building	PROPOSED Finished Sq. Ft.
<input type="checkbox"/> Comm. Kitchen <input type="checkbox"/> Comm. Tent	_____
<input type="checkbox"/> Comm. Water Dependent Project <input type="checkbox"/> Comm. Addition	PROPOSED Sq. Ft. for Porches, Garages, Decks, Sheds, etc.
<input type="checkbox"/> Mezzanine <input type="checkbox"/> Construction Trailer	_____
<input type="checkbox"/> Shell <input type="checkbox"/> Classroom Trailer	PROPOSED CONSTRUCTION INFORMATION
<input type="checkbox"/> White Box <input type="checkbox"/> Tenant Fit-out	# Bldgs: _____ # Stories: _____ # Units: _____ Bldg. Height: _____

TYPE OF PROPOSED ADDITION	# Kitchens: _____ # Half Baths: _____ # Full Baths: _____ # Fireplaces: _____
<input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Other	# Rooms (excluding kitchen & baths): _____

TYPE OF PROPOSED ACCESSORY STRUCTURE	<input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl
<input type="checkbox"/> Fence <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Shed / Pole Barn	Footing _____ <input type="checkbox"/> Concrete <input type="checkbox"/> Pile <input type="checkbox"/> Caisson <input type="checkbox"/> Other _____
<input type="checkbox"/> Pool / Spa <input type="checkbox"/> Other	Exterior Walls _____ <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Vinyl <input type="checkbox"/> Other _____
PROPOSED EXTERIOR INSTALLATION	Interior Walls _____ <input type="checkbox"/> Plaster <input type="checkbox"/> Panel <input type="checkbox"/> Drywall <input type="checkbox"/> Other _____
<input type="checkbox"/> Dumpster Pad <input type="checkbox"/> Fenced Storage Lot	Roof Structure _____ <input type="checkbox"/> Flat <input type="checkbox"/> Pitch <input type="checkbox"/> Shed <input type="checkbox"/> Other _____
<input type="checkbox"/> HVAC <input type="checkbox"/> Handicapped Acc. Ramp	Roof Cover _____ <input type="checkbox"/> Built-up <input type="checkbox"/> Roll <input type="checkbox"/> Shingles <input type="checkbox"/> Other _____
<input type="checkbox"/> Refrigeration Unit <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Other	Heat _____ <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____

CHECK ALL ADDITIONAL PERMITS THAT WILL BE REQUIRED	Equipment
<input type="checkbox"/> Grading Permit <input type="checkbox"/> Grading Exempt <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing	<input type="checkbox"/> Air Cond. <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Fire Supp. <input type="checkbox"/> Other

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)	_____

This permit application and all required information must be submitted to the Inspections & Permits Division for review by all applicable County agencies; incomplete packages and/or unsigned applications will result in processing delays.

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 Health Regulations, the Building Code, Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.	OWNER or AUTHORIZED AGENT (circle one)	
	SIGNATURE: _____	Date: _____
	PRINT NAME: _____	
	Phone #: () _____	
	Mobile #: () _____	
Email: _____		