

COMMERCIAL
Application For
Zoning Approval
and
USE PERMIT



Office Use Only

Use A/P #: _____
Received by: EH: _____ Date: _____
Received by I&P: _____ Date: _____

Calvert County Inspections & Permits Division, 205 Main Street, Floor 1, 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: 1st 2nd 3rd 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.	OWNER or AUTHORIZED AGENT (circle one)	
	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: _____