

**Commercial / Institutional
Application for
Health Department, Zoning Approval
and**

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



Office Use Only

BUILDING A/P # _____
GRADING A/P # _____
Received by EH: _____ Date: _____
Received by I&P: _____ Date: _____
Scanned by _____ Date: _____

BUILDING PERMIT

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"/> Non-Profit Organization					
	Phone: _____		Mobile #: _____		E-mail: _____	
	Mailing Address: _____		City: _____	State: _____	Zip: _____	
Property Location Information	Town: _____		Town Center: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lot size or Acreage: _____	
	Commercial Center Name: _____			Unit #: _____	Suite #: _____	
	District <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd		<input type="checkbox"/> North Beach – Within Town Limits		<input type="checkbox"/> Chesapeake Beach – Within Town Limits	
	<input type="checkbox"/> Private Community (Name: _____)					
	Premise Address: _____		City: _____	State: _____	Zip: _____	
Directions to site from Courthouse: _____						
Additional Property Information	<i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search</i>					
	Tax ID#	Map	Parcel	Block	Lot	Section
	WATER: <input type="checkbox"/> Individual Well <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.)			SEWER: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public <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	
	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		Forest Retention Area (FRA) <input type="checkbox"/> Yes <input type="checkbox"/> No		County Project <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Plan (SPR) # _____		(PRJ) # _____		Architectural Review case # _____		
Board of Appeals case # _____						
Contractor Information	Company Name: _____			MD State #: _____		
	Mailing Address: _____			City: _____		State: _____
	Contact Name: _____					
	Phone: _____		Mobile #: _____		E-mail: _____	

PROPOSED PROJECT INFORMATION

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	
<input type="checkbox"/> Comm. Kitchen <input type="checkbox"/> Comm. Tent	
<input type="checkbox"/> Comm. Water Dependent Project <input type="checkbox"/> Comm. Addition	
<input type="checkbox"/> Mezzanine <input type="checkbox"/> Construction Trailer	
<input type="checkbox"/> Shell <input type="checkbox"/> Classroom Trailer	
<input type="checkbox"/> White Box <input type="checkbox"/> Tenant Fit-out	
TYPE OF PROPOSED ADDITION	PROPOSED CONSTRUCTION INFORMATION ONLY
<input type="checkbox"/> Addition <input type="checkbox"/> Deck <input type="checkbox"/> Porch <input type="checkbox"/> Other	# Bldgs: _____ <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl
	# Kitchens: _____ Footing <input type="checkbox"/> Concrete <input type="checkbox"/> Pile <input type="checkbox"/> Caisson
	# Full Baths: _____ Exterior Walls <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Brick
	<input type="checkbox"/> Vinyl
	# Half Baths: _____ Interior Walls <input type="checkbox"/> Plaster <input type="checkbox"/> Panel <input type="checkbox"/> Drywall
	# Rooms: _____ Roof Structure <input type="checkbox"/> Flat <input type="checkbox"/> Pitch <input type="checkbox"/> Shed
	(not kitchen & baths)
	# Fireplaces: _____ Roof Cover <input type="checkbox"/> Built-up <input type="checkbox"/> Roll <input type="checkbox"/> Shingles
	# Units: _____ Heat <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric
	# Stories: _____ Equipment <input type="checkbox"/> Air Cond <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace
	<input type="checkbox"/> Heat Pump <input type="checkbox"/> Fire Supp
	Bldg. Height: _____
CHECK ALL ADDITIONAL PERMITS REQUIRED	<input type="checkbox"/> Grading Permit <input type="checkbox"/> Grading Exemption <input type="checkbox"/> Electric <input type="checkbox"/> Plumbing

PROPOSED TYPE OF USE

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

I hereby certify that:

(1) I have read and understand the above requirements, and (2) I have the authority to make this application, and (3) The information given is correct, and (4) 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.

SIGNATURE OF OWNER/AUTHORIZED AGENT: _____ **Date:** _____

PRINT NAME: _____

Phone #: _____ **Mobile #:** _____ **Email:** _____

Approval of Town or Private Community, when applicable: _____

This permit application and all required information must be submitted to the Inspections & Permits Division for review by all applicable County agencies.

Incomplete packages, forms and/or unsigned applications will result in processing delays.

Calvert County Government Services are Accessible to Individuals with Disabilities - Maryland Relay: 1-800-735-2258