



Montgomery County Maryland
Department of Permitting Services

255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-4153
(240) 777-6300 Fax (240) 777-6262
http://permits.emontgomery.org



APPLICATION FOR COMMERCIAL BUILDING PERMIT

Sediment Control # _____

Building AP #(s) _____

U & O # _____

Demolition # _____

DESCRIPTION OF WORK: (check all that apply)

- ADDITION
 - ALTERATION
 - CONSTRUCT
 - DEMOLISH
 - MOVE
 - FOUNDATION ONLY
 - RESTORE and/or REPAIR
 - CHANGE OF USE
- Gross Sq. Ft. of Area Created or Affected by this Action: _____
- Disturbed Land Area: _____
- Estimated Project Cost: \$ _____

USE OF BUILDING OR SPACE:

- ASSEMBLY
- BIOSCIENCE
- BOARDING HOUSE
- EDUCATIONAL
- GARAGE
- HOTEL
- INSTITUTION
- MULTI-FAMILY SENIOR **
- PLACE OF WORSHIP
- POOL IN GROUND
- RESTAURANT
- STORAGE
- TRAILER***
- OTHER USE: _____
- BANK
- BUSINESS OFFICES
- DAY CARE FACILITY
- FENCE*
- HOSPITAL
- INDUSTRIAL
- MERCANTILE
- MULTI-FAMILY **
- POOL ABOVE GROUND
- POST OFFICE
- RETAINING WALL*
- THEATER
- MODULAR BUILDING***

**Note # OF UNITS _____

*** IF BUILDING A FENCE OR RETAINING WALL**
(A signed approval letter from the adjacent lot owner's is required)

HEIGHT _____ ft. _____ ins

- Located entirely on the land of the owner
- Public Right of Way/Easement
- Located on the lot line.

*** Manufacture's Name & Model # for all Trailers & Modular Buildings: _____

REVISION to ORIGINAL PERMIT # _____
(Original permit has been issued and is active)

- STRUCTURAL
- ELECTRICAL
- MECHANICAL
- SITE
- ARCHITECTUAL
- OTHER: _____

BUILDING PREMISE ADDRESS:

Street Number _____ Street _____ City _____ Zip _____

Lot(s) _____ Block _____ Subdivision _____

Floor/Suite # _____ Nearest Cross Street _____

APPLICANT INFORMATION: Contact ID#: _____ Fax #: _____ Email: _____

Name of Applicant _____ Daytime Phone #: _____
(Permit will be issued to applicant)

Address _____ City _____ State _____ Zip _____

POINT OF CONTACT: Contact ID#: _____ Fax #: _____ Email: _____

(If other than applicant)

Contact Person _____ Daytime Phone #: _____

Address _____ City _____ State _____ Zip _____

EXPEDITED PLAN REVIEW: I request an Expedited Plan Review, when available, which is subjected to additional fees.

(Applicant's Signature) Date _____ (Print Name)

ADDITIONAL APPROVALS:

Properties located within historic districts, municipalities and special taxing districts may require additional approvals beyond the required Department of Permitting Services (DPS) building permit. For projects located in the City of Takoma Park's Commercial Revitalization Overlay, certain permits must be approved by the City prior to commencing construction. Please refer to "Permit Procedures for Properties within a Montgomery County Municipality".

IMPERVIOUS AREAS:

Existing Building _____ Sq. Ft. New Building _____ Sq. Ft. Site _____ Sq. Ft.

TYPE OF WATER SUPPLY WSSC WELL OTHER _____

SEWAGE DISPOSAL WSSC SEPTIC OTHER _____

MPDU ... 20% of this development will be built as Moderately Priced Dwelling Units No Yes

IMPACT TAX ... New Buildings and Additions will be assessed an Impact Tax based on the area where built (see Impact Tax guide). I will exercise an approved Impact Tax Credit, a copy of which is attached

DAP & EDAET AGREEMENTS.... Agreement must be attached for new buildings when applicable.

SPECIAL EXCEPTION: Is this lot subject to a Special Exception? Yes, Case # _____ No

HISTORIC AREA IN ATLAS or MASTER PLAN: Is the property a Historic resource? Yes No

USE: Has this space been occupied before? Yes No

 If yes, Previous Use _____ Intended Use _____

DEMOLITION: (Answer required for demolition of entire building only)

 Is this building over 25 years old? Yes No

AUTHORIZED AGENT AFFIDAVIT: *I hereby declare and affirm, under the penalty of perjury, that:*

1. I am duly authorized to make this permit application on behalf of: _____ (please print property owner's name)
2. The work proposed by this building permit application is authorized by the property owner; and
3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.

(Agent's Signature) Date (Print Name)

TO BE READ BY THE APPLICANT

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of the application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in the building permit application are true and correct to the best of my knowledge, information and belief.

(Applicant's Signature) Date (Print Name)

FOR OFFICE USE: Permit Fee: \$ _____ + Impact Tax, DAP or EDAET: \$ _____ Balance: \$ _____