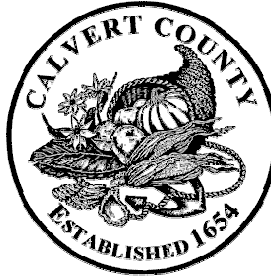


Check the status of your permit online at: www.co.cal.md.us/permlkups/default.aspx

**APPLICATION FOR
HEALTH DEPARTMENT/
ZONING APPROVAL
AND/OR
BUILDING PERMIT**
Calvert County Inspections and Permits Division
150 Main Street, Suite 201, Prince Frederick, MD 20678
(410) 535-2155 or (410) 535-2156



Office Use Only
Building A/P # _____
Grading A/P # _____
Received by: _____ Date: _____

To be Completed by Applicant:
Tax ID # _____
Tax Map _____ Grid _____ Parcel _____
Blk _____ Lot _____ Sect _____

Also To be Completed by Applicant:

Property Owner Information	Name:	Phone:
	Mailing Address:	
	City, State & Zip:	E-mail:
Job Location Information	Town or Subdivision:	Deed Reference:
	Premise Address:	Lot Size or Acreage:
	City, State & Zip	
	Directions to site from Courthouse:	
Contractor Information	Company Name:	Phone:
	Mailing Address:	City, State & Zip
	Contractor's Name:	E-mail:
	Calvert County License #:	State License #:

SPECIAL INSTRUCTIONS:
 A. An approved sewerage and water certificate must be obtained prior to issuance of a building permit.
 B. Inspectors shall be notified, 24 hours prior to an inspection, by calling the Inspections & Permits Division at (410) 535-2155
 1. Before footings or slabs are poured;
 2. Before foundation walls are backfilled;
 (Foundation Location Surveys must be submitted and approved for new dwellings prior to calling for a Framing Inspection)
 3. Before framed walls are insulated;
 (Note: Certifications required for engineered floor and roof systems.)
 4. Before interior walls are covered; and
 5. Upon completion of building
 C. Permit is good for only 6 months unless under continuous construction.
 D. See information sheets which pertain to your project for other special instructions.
 E. Return this completed application and other required information to the Inspections & Permits Division.

PROPOSED CONSTRUCTION INFORMATION **FLOODPLAIN**

Description of Work:

Total Square Footage of Proposed Finished Floor Area: _____ Total Square Footage of Proposed Porches, Garages, Decks, Sheds, etc.: _____

Type of Work: New Addition Existing (remodel, repair) Replacement Demolition Fire Restoration

Type of Structure:

<input type="checkbox"/> Single Family Detached Home	<input type="checkbox"/> Accessory Apartment	<input type="checkbox"/> Modular Home	<input type="checkbox"/> DbL Wide Mobile Home
<input type="checkbox"/> Single Wide Mobile Home	<input type="checkbox"/> Single Family Attached Home	<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Construction Trailer
<input type="checkbox"/> Res. Accessory Structure	<input type="checkbox"/> Res. Water Dependent	<input type="checkbox"/> Comm. Water Dependent	<input type="checkbox"/> Comm. Accessory Structure
<input type="checkbox"/> Single Wide Mobile Home replaced w/DBL Wide, Modular, Stick Built	<input type="checkbox"/> Commercial Building		

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# Bldgs:	# Units:	Footing <input type="checkbox"/> Concrete <input type="checkbox"/> Pile <input type="checkbox"/> Caisson	Estimated Construction Cost: \$
# Kitchens:	# Stories:	<input type="checkbox"/> Other	
# Full Baths:	Bldg. Height:	Exterior <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Brick	Heat <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric
# Half Baths:	# Fireplaces:	Walls <input type="checkbox"/> Vinyl <input type="checkbox"/> Other	<input type="checkbox"/> Other
# Rooms: (exclude kitchen & baths)		Interior <input type="checkbox"/> Plaster <input type="checkbox"/> Panel <input type="checkbox"/> Drywall	Equipment <input type="checkbox"/> Air Cond. <input type="checkbox"/> Boiler <input type="checkbox"/> Furnace
		Walls <input type="checkbox"/> Other	<input type="checkbox"/> Heat Pump <input type="checkbox"/> Other
<input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl		Roof <input type="checkbox"/> Flat <input type="checkbox"/> Pitch <input type="checkbox"/> Shed	Is the property in the Critical Area? _____ Board of Appeals Case # _____ Is the Property in a Town Center? _____
Sewerage: <input type="checkbox"/> Public <input type="checkbox"/> Septic Tank Water: <input type="checkbox"/> Public <input type="checkbox"/> Individual Well		Structure <input type="checkbox"/> Other	
		Roof <input type="checkbox"/> Built-up <input type="checkbox"/> Roll <input type="checkbox"/> Shingles	
		Cover <input type="checkbox"/> Other	
Use & Occupancy Permit Requested:			
<input type="checkbox"/> Use & Occupancy Permit with structural modification <input type="checkbox"/> Use & Occupancy Permit with no structural modification			
Complete: Existing Use _____ Proposed Use: _____			
I hereby certify that I have the authority to make this application, that the information given is correct, and that use and construction shall conform to the County Health Regulations, the Building Code and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.			
SIGNATURE OF OWNER OR AUTHORIZED AGENT:			DATE:
PLEASE PRINT NAME:			PHONE:

Updated May 2006