Application for Commercial Building Permit

Sediment Control # ________________ Building AP#(s) ________________
U & O # ________________ Demolition # ________________

B. Purpose: (check all that apply)

- ADDITION
- ALTERATION
- CONSTRUCT
- DEMOLISH
- MOVE
- FOUNDATION ONLY
- RESTORE and/or REPAIR
- CHANGE OF USE
- DAMAGE REPORT
- GREEN BUILDING

USE OF BUILDING OR SPACE:

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

*Note # of UNITS

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*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
- Preliminary Plan No.
- Public Right of Way/Easement
- Record Plat No.
- Located on the lot line.
- Y  N Forest Conservation Easement?

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

C. Revision to Original Permit:

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

- STRUCTURAL
- ELECTRICAL
- MECHANICAL
- SITE
- ARCHITECTURAL
- OTHER:

D. Building Address:

Street Number __________________ Street __________________________________________ City __________________ Zip __________
Lot(s) __________________ Block ______ Subdivision __________________
Floor/Suite # __________________ Nearest Cross Street __________________

E. Applicant Information:

Contact ID#: __________________ Fax #: __________________ Email: ____________________
Name of Applicant __________________ Daytime Phone #: ____________________
(Permit will be issued to applicant)
Address __________________________ City __________________ State _________ Zip __________

F. Point of Contact:

Contact ID#: __________________ Fax #: __________________ Email: ____________________
(If other than applicant)
Contact Person __________________ Daytime Phone #: ____________________
Address __________________________ City __________________ State _________ Zip __________
G. Expedited Plan Review:

☐ I request an Expedited Plan Review, when available, which is subjected to additional fees.

(Applicant’s Signature) __________________________________________
Date ___________________________ (Print Name) _______________________

H. 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”.

I. Impervious Areas:

Existing Building ________________ Sq. Ft. New Building ________________ Sq. Ft. Site ________________ Sq. Ft.

J. Water and Sewage Information:

TYPE OF WATER SUPPLY
☐ WSSC ☐ WELL ☐ OTHER ______________________

SEWAGE DISPOSAL
☐ WSSC ☐ SEPTIC ☐ OTHER ______________________

K. Moderately Priced Dwelling Units:

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

L. 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

M. DAP & EDAET Agreements:

Agreement must be attached for new buildings when applicable.

N. Special Exception:

Is this lot subject to a Special Exception? ☐ Yes, Case # ______________________  ☐ No

O. Historic Area in Atlas or Master Plan

Is the property a Historic resource? ☐ Yes ☐ No

P. Use:

Has this space been occupied before? ☐ Yes ☐ No

If yes, Previous Use ___________________________ Intended Use ___________________________

Q. Demolition: (Answer required for demolition of entire building only)

Is this building over 25 years old? ☐ Yes ☐ No

R. 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) _______________________

S. 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) _______________________

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