



**Montgomery County  
Department of Permitting Services**

255 Rockville Pike, 2<sup>nd</sup> Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240)777-0311  
Fax: (240)777-6262  
<http://www.montgomerycountymd.gov/permittingservices>



**Preliminary Design Consultation Form**

**A. Client Information**

Client Name: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Project Name and Address: \_\_\_\_\_

**B. Notice**

The purpose of a design consultation is to discuss specific code issues in the design of your project. A design consultation is not intended to serve as a preliminary permit review or a forum for approving code modifications.

**C. Agenda**

Please check the codes or standards you wish to discuss and create a specific list of the items you wish to discuss on the meeting agenda. (Attach additional sheets, if necessary).

<input type="checkbox"/> <input type="checkbox"/> <b>MBRC</b>	<input type="checkbox"/> <b>Building Code</b>	<input type="checkbox"/> <input type="checkbox"/> <b>Fire Code</b>
<input type="checkbox"/> <input type="checkbox"/> <b>Mechanical Code</b>	<input type="checkbox"/> <input type="checkbox"/> <b>Electrical Code</b>	<input type="checkbox"/> <input type="checkbox"/> <b>Accessibility Code</b>
<input type="checkbox"/> <input type="checkbox"/> <b>Fire Alarm Code</b>	<input type="checkbox"/> <input type="checkbox"/> <b>Fire Protection System Standards</b>	

Specific issues: (Examples: Will the project require a voice fire alarm? What is the minimum design pressure for the standpipe?) \_\_\_\_\_

Indicate the total number of persons you expect to bring to the design consultation: \_\_\_\_\_

**D. Basic Project Information: (fill out as completely as possible).**

Is your project a new building? - (Y/N) \_\_\_\_\_, an Addition? - (Y/N) \_\_\_\_\_, an Alteration? - (Y/N) \_\_\_\_\_

**If new construction:** Have soils been investigated? - (Y/N) \_\_\_\_\_, Will building be over two stories - (Y/N) \_\_\_\_\_

Existing Approved Occupancy Use Classification(s), if any: \_\_\_\_\_ Date of U&O: \_\_\_\_\_

Proposed Occupancy Use Classification(s): \_\_\_\_\_

Construction Type (IBC Classification): \_\_\_\_\_

If unknown, describe construction: \_\_\_\_\_

Is the building (or will it have) a complete Sprinkler System (Y/N): \_\_\_\_\_

**E. To be read by design consultation client:**

Design consultations are scheduled for a one-hour period which starts at your scheduled time. In respect to our other clients and difficulty on re-scheduling the appropriate DPS staff, the design consultation time period cannot be extended or held-over. In order to gain your maximum benefit, please ensure that you and your design team are prompt.

**Fax completed Design Consultation Requests to 240-777-6262**

**F. To be filled out by Department of Permitting Services Staff:**

(Initials): \_\_\_\_\_ Scheduled Design Consultation Date/Time \_\_\_\_\_