



Montgomery County
Department of Permitting Services



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

Application for Commercial Building Permit

Sediment Control # _____
 U & O # _____

Building AP#(s) _____
 Demolition # _____

B. Purpose: (check all that apply)

DESCRIPTION OF WORK:

- ADDITION
 - ALTERATION
 - CONSTRUCT
 - DEMOLISH
 - MOVE
 - FOUNDATION ONLY
 - RESTORE and/or REPAIR
 - CHANGE OF USE
 - DAMAGE REPORT
 - GREEN BUILDING
- RATING**
- Certified 26-32 points
 - Silver 33-38 points
 - Gold 39-51 points
 - Platinum 52-69 points
 - Other (please specify) _____
- 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 **
- MULTI-FAMILY **
- PLACE OF WORSHIP
- RESTAURANT
- STORAGE
- TRAILER**
- OTHER USE: _____
- BANK
- BUSINESS OFFICES
- DAY CARE FACILITY
- FENCE*
- HOSPITAL
- INDUSTRIAL
- MERCANTILE
- POOL ABOVE GROUND
- RETAINING WALL*
- POST OFFICE
- 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.

MNCPPC Site Plan No. _____

Preliminary Plan No. _____

Record Plat No. _____

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 ARCHITECTUAL 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 _____

