APPLICATION FOR PERMIT

BALTIMORE COUNTY, MARYLAND
DEPARTMENT OF PERMITS, APPROVALS & INSPECTIONS
TOWSON, MARYLAND 21204

Date_____

OEA _____

Permit #_____
Control #_____
XRef # _____

Receipt # _____
Fee_____
Total Paid_____
Paid By _____
Inspector _____

Property Address_____
Suite/Space/Floor_____
Subdivision_____
Tax Account #_____
Will this building have sprinklers? ☐ Yes ☐ No
Is this property located in a floodplain? ☐ Yes ☐ No

Historic District/Building
☐ Yes ☐ No
District / Precinct
_____ _____

OWNER'S INFORMATION
First & Last Name (Individual) _____
Corporation Name _____
Address_____
City, State, Zip _____
Seller _____

I HAVE CAREFULLY READ THIS APPLICATION AND KNOW THE SAME IS CORRECT AND TRUE, AND THAT IN DOING THIS WORK ALL PROVISIONS OF THE BALTIMORE COUNTY CODE AND APPROPRIATE STATE REGULATIONS WILL BE COMPLIED WITH WHETHER HEREIN SPECIFIED OR NOT, AND WILL REQUEST ALL REQUIRED INSPECTIONS.

APPLICANT INFORMATION
Name_____ Phone Number _____
Company (if applicable) _____
Address _____
City, State, Zip _____
Applicant Signature_____ E-Mail_____
Business/Tenant Name _____
Contractor_____ MHIC #_____ MHBR #_____
Engineer_____
PLANS: CONST_____ PLOT_____ PLAT_____ DATA_____ EL_____ PL_____ DRC #_____

DESCRIBE PROPOSED WORK:

TYPE OF IMPROVEMENT
1.____ New Bldg Construction
2.____ Addition
3.____ Alteration
4.____ Repair
5.____ Wrecking
6.____ Moving
7.____ Other_____

TYPE OF USE

RESIDENTIAL
01. ___ One Family
02. ___ Two Family
03. ___ Three and Four Family
04. ___ Five or More Family
(enter no. units)_____
05. ___ Swimming Pool
06. ___ Garage
07. ___ Other_____

NON-RESIDENTIAL
08. ___ Amusement, Recreation, Place of Assembly
09. ___ Church, Other Religious Building
10. -----Deleted-----
11. ___ Industrial, Storage Building
12. ___ Parking Garage
13. ___ Service Station, Repair Garage
14. ___ Hospital, Institutional, Nursing Home
15. ___ Office, Bank, Professional
16. ___ Public Utility
17. ___ School, College, Other Educational
18. -----Deleted-----
19. ___ Store ___Mercantile ___Restaurant (specify type)_____
20. ___ Swimming Pool (specify type)_____
21. ___ Tank, Tower
22. ___ Transient Hotel, Motel (no. units _____)
23. ___ Other _____

Foundation Type
1. ___ Slab
2. ___ Block
3. ___ Concrete

Basement
1. ___ Full
2. ___ Partial
3. ___ None

Type of Construction
1. ____ Masonry
2. ____ Wood Frame
3. ____ Structure Steel
4. ____ Reinforced Concrete

Type of Heating Fuel
1. ____ Gas 3. ____ Electricity
2. ____ Oil 4. ____ Coal

Central Air: 1. ____ 2. ____

Type of Sewage Disposal
1. ____Public Sewer ____Exists ____Proposed
2. ____Private System
____Septic ____Exists ____Proposed
____Privy ____Exists ____Proposed

Type of Water Supply
1. ____Public System ____Exists ____Proposed
2. ____Private System ____Exists ____Proposed

Estimated Cost of Materials and Labor $_____

Proposed Use_____
Existing Use_____

Ownership: 1. ____Privately Owned 2. ____Publicly Owned 3. ____Sale 4. ____Rental

Residential Category: 1. ____Detached 2. ____Semi-Detached 3. ____Group 4. ____Townhouse 5. ____Mid-Rise 6. ____High-Rise
Efficiency #_____ 1-Bedroom #_____ 2-Bedroom #_____ 3-Bedroom #_____ Total Bedrooms_____ Total Apts/Condos_____
One Family Bedroom #_____ Bathroom #_____ Kitchen #_____ Powder Room #_____ Garbage Disposal: 1. ☐ Yes 2. ☐ No

Class_____ Liber_____ Folio_____ Map_____ Parcel_____

Building Size
Floor _____
Width _____
Depth _____
Height _____
Stories _____
Lot #'s _____

Lot Size and Setbacks
Size_____
Front Street _____
Side Street _____
Front Setback_____
Side Setback_____
Side Street Setback_____
Rear Setback_____

Corner Lot: 1. ☐ Yes 2. ☐ No Zoning_____

	APPROVAL SIGNATURES	DATE
BLD INSP		
BLD PLAN		
FIRE		
SEDI CTL		
ZONING		
PUB SERV		
ENVRMNT		
PLANNING		
PERMITS		

Sample