



Montgomery County
Department of Permitting Services

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



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 _____

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)