



**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  
<http://www.montgomerycountymd.gov/permittingservices>



**Application for Use and Occupancy/Capacity Certificate**

Certificate AP# \_\_\_\_\_ Building AP# \_\_\_\_\_

**A. Type of Application**

**Type:** \_\_\_\_\_ **Principle Use: (Check one)**

<input type="checkbox"/> Use and Occupancy	<input type="checkbox"/> Assembly	<input type="checkbox"/> Boarding House	<input type="checkbox"/> Business*
<input type="checkbox"/> Open Land Use	<input type="checkbox"/> Educational	<input type="checkbox"/> Hotel	<input type="checkbox"/> Industrial
<input type="checkbox"/> Home Health Practitioner	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Misc. Structure	<input type="checkbox"/> Motel
<input type="checkbox"/> Home Child Care Provider < 12 Children	<input type="checkbox"/> Place of Worship	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Shell and Core	<input type="checkbox"/> Storage	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Construction Trailer
<input type="checkbox"/> Change of Use	<input type="checkbox"/> Multi-Family -OR- <input type="checkbox"/> Multi-Family Senior Building: # of Units _____		
<input type="checkbox"/> Capacity Certificate	<input type="checkbox"/> Other _____		
# of Rooms/Capacity _____			
<input type="checkbox"/> Other _____			

\*If Business, please specify use: \_\_\_\_\_

**B. Location of Building Premise**

Street Number: \_\_\_\_\_ Street: \_\_\_\_\_  
Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Parcel: \_\_\_\_\_  
Floor: \_\_\_\_\_ Suite: \_\_\_\_\_ Unit/Bay/Store#: \_\_\_\_\_

**C. Owner's Information**

Property Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Owner's Representative: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**D. Tenant's Information**

Tenant's Company Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Tenant's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
(Person connected with Trade Company)  
Mailing Address: \_\_\_\_\_  
(For Lessee, if other than premise address) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**E. Description of Occupancy**

**HAZARDOUS MATERIALS?**  YES  NO  
Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
Square Footage to be Occupied: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Company Vehicles: \_\_\_\_\_  
The PRIMARY use will be: \_\_\_\_\_ which is: \_\_\_\_\_ % of the space.  
The SECONDARY use will be: \_\_\_\_\_ which is: \_\_\_\_\_ % of the space.  
Is this space ready for inspection now?  YES  NO, I WILL CALL WHEN READY  
Person to contact to gain entry to space \_\_\_\_\_ Daytime Phone No \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
**For Office Use Only**

**Building & Use Information**

Floor No (s): \_\_\_\_\_  
Max. Live Load: \_\_\_\_\_  
Construction Type: \_\_\_\_\_  
IBC Use Group: \_\_\_\_\_  
Occupancy Load: \_\_\_\_\_  
Code/Edition: \_\_\_\_\_  
Conditions: \_\_\_\_\_  
Fully Sprinkled & Monitored: \_\_\_\_\_

**ZONING USE ONLY**

Zoning Use Category: \_\_\_\_\_  
Zoning Type: \_\_\_\_\_ Zoning Sheet: \_\_\_\_\_  
Parking Required: \_\_\_\_\_ Parking Provided: \_\_\_\_\_  
Special Exception Case Number: \_\_\_\_\_  
Secondary Use: \_\_\_\_\_ @ \_\_\_\_\_ %  
[ ] Approved [ ] Disapproved  
Reason for Disapproval: \_\_\_\_\_