

RESIDENTIAL
Application for
HEALTH DEPARTMENT/
ZONING APPROVAL
and/or
BUILDING PERMIT



Office Use Only

Building A/P # _____ Grading A/P # _____
 Received by: EH: _____ Date: _____
 Received by I&P: _____ Date: _____
 Scanned by: _____ Date: _____

Calvert County Inspections & Permits Division, County Services Plaza, 150 Main Street, Suite 201, Prince Frederick, MD 20678
 (410) 535-2155 (410) 535-2156 (410) 535-1600 (301) 855-1243 Fax (410) 414-3283

Property Owner Information	Name: _____ <input type="checkbox"/> Non-Profit Organization					
	Phone: () _____		Mobile #: () _____		E-mail: _____	
	Mailing Address: _____			City _____	State _____ Zip _____	
Property Location Information	Town: _____		Town Center <input type="checkbox"/> Yes <input type="checkbox"/> No	District <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	Lot size or Acreage: _____	
	Subdivision Name: _____					
	Premise Address: _____			City _____	State _____ Zip _____	
	Directions to site from Courthouse: _____					
Additional Property Information	<i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search</i>					
	Tax ID# _____		Map _____	Parcel _____	Block _____	Lot _____ Section _____
	WATER: <input type="checkbox"/> Individual Well <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.) SEWER: <input type="checkbox"/> Septic Tank <input type="checkbox"/> Public <input type="checkbox"/> Private System (not Co.)					
	Floodplain <input type="checkbox"/> Yes <input type="checkbox"/> No		Wetlands <input type="checkbox"/> Yes <input type="checkbox"/> No		Critical Area (CA) <input type="checkbox"/> Yes <input type="checkbox"/> No	Steep Slopes ≥25% (≥15 in CA) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Streams <input type="checkbox"/> Yes <input type="checkbox"/> No		Road Access <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Private		Agricultural Preservation District <input type="checkbox"/> Yes <input type="checkbox"/> No	Historic District <input type="checkbox"/> Yes <input type="checkbox"/> No
	County Project <input type="checkbox"/> Yes <input type="checkbox"/> No		Architectural Review case # _____			Board of Appeals case # _____
Contractor Information	Company Name: _____		Calvert County License #: _____		MD State License #: _____	
			MD Home Builders Reg. #: _____		MHIC #: _____	
	Mailing Address: _____			City _____	State _____ Zip _____	
	Contact Name: _____		Phone: () _____ Mobile #: () _____ E-mail: _____			
PROPOSED PROJECT INFORMATION						
PROPOSED TYPE OF WORK:			DESCRIPTION OF PROPOSED WORK:			
<input type="checkbox"/> Add to Existing Structure <input type="checkbox"/> Demolition of Structure <input type="checkbox"/> Fire Restoration <input type="checkbox"/> New <input type="checkbox"/> Remodel / Repair <input type="checkbox"/> Replace Existing Structure <input type="checkbox"/> Seasonal <input type="checkbox"/> Violation Correction (# _____)						
TYPE OF PROPOSED STRUCTURE			ESTIMATED CONSTRUCTION COST \$			
<input type="checkbox"/> Accessory Apartment <input type="checkbox"/> Double Wide Mobile Home <input type="checkbox"/> Low-Rise Apartment/Condo <input type="checkbox"/> Modular <input type="checkbox"/> Residential Addition <input type="checkbox"/> Res. Accessory Structure <input type="checkbox"/> Res. Water Dep. Structure <input type="checkbox"/> SF Attached Dwelling <input type="checkbox"/> SF Detached Dwelling <input type="checkbox"/> Single Wide Mobile Home <input type="checkbox"/> Single Wide Replaced with DW, SW, or Stick Built						
TYPE OF PROPOSED ADDITION			PROPOSED Finished Sq. Ft.			
<input type="checkbox"/> Attached Garage <input type="checkbox"/> Deck <input type="checkbox"/> Enclosed Sunroom <input type="checkbox"/> Porch <input type="checkbox"/> Other <input type="checkbox"/> Other			PROPOSED Sq. Ft. for Porches, Garages, Decks, Sheds, etc.			
TYPE OF PROPOSED ACCESSORY STRUCTURE			PROPOSED CONSTRUCTION INFORMATION			
<input type="checkbox"/> Garage/Workshop <input type="checkbox"/> Fence <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Shed / Pole Barn <input type="checkbox"/> Pool <input type="checkbox"/> Other			# Bldgs: _____	# Stories: _____	# Units: _____	Bldg. Height: _____
			# Kitchens: _____	# Half Baths: _____	# Full Baths: _____	# Fireplaces: _____
			# Rooms (excluding kitchen & baths): _____			
			<input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl			
			Footing <input type="checkbox"/> Concrete <input type="checkbox"/> Pile <input type="checkbox"/> Caisson <input type="checkbox"/> Other			
			Exterior Walls <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Vinyl <input type="checkbox"/> Other			
			Interior Walls <input type="checkbox"/> Plaster <input type="checkbox"/> Panel <input type="checkbox"/> Drywall <input type="checkbox"/> Other			
			Roof Structure <input type="checkbox"/> Flat <input type="checkbox"/> Pitch <input type="checkbox"/> Shed <input type="checkbox"/> Other			

Office Use Only

Building A/P # _____ Grading A/P # _____

CHECK ALL ADDITIONAL PERMITS THAT WILL BE REQUIRED		Roof Cover	<input type="checkbox"/> Built-up <input type="checkbox"/> Roll <input type="checkbox"/> Shingles <input type="checkbox"/> Other
<input type="checkbox"/> Grading Permit	<input type="checkbox"/> Grading Exemption	Heat	<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other
<input type="checkbox"/> Electric	<input type="checkbox"/> Plumbing	Equipment	
		<input type="checkbox"/> Air Cond.	<input type="checkbox"/> Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other
<ul style="list-style-type: none"> ▪ This permit application and all required information must be submitted to the Inspections & Permits Division for review by all applicable County agencies; incomplete packages and/or unsigned applications will result in processing delays. ▪ After issuance of a building permit, inspections shall be requested by calling the Inspections & Permits Division at least 24 hours in advance. Inspections must be requested by 3:00 pm. in order to be scheduled for the following day. <i>Required inspections shall include, but are not limited to: (1) before footings or slabs are poured (2) before foundation walls are backfilled (Foundation Location Surveys must be submitted and approved prior to calling for a framing inspection) (3) before framed walls are insulated (Certifications are required for engineered floor and roof system) (4) before interior walls are covered, and (5) upon completion of the building</i> ▪ The permit and approved plat must be posted conspicuously at the front of the lot. Permits expire 2 years after issuance unless the project is under continuous construction. 			
I hereby certify that I have read and understood the above requirements; and I have the authority to make this application, the information given is correct, and the use and construction shall conform to the County Health Regulations, the Building Code, Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.		SIGNATURE OF OWNER/AUTHORIZED AGENT:	
		PRINT NAME:	
		Date:	
		Phone #:()	
		Mobile #:()	
		Email:	