

RESIDENTIAL

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Office Use Only

Application for
BUILDING PERMIT

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"/> County Project	<input type="checkbox"/> Non-Profit Organization
	Phone: _____	Mobile #: _____	E-mail: _____
	Mailing Address: _____	City: _____	State: _____ Zip: _____

PROJECT LOCATION INFORMATION

Residential <input type="checkbox"/>	Subdivision: _____
Premise Address	Premise Address: _____ City: _____ State: _____ Zip: _____

Additional Premise Information	<i>Tax ID#, Map, Parcel, Block, Lot, and Section can be found at Maryland Real Property Data Search</i>					
	Tax ID# _____	Map _____	Parcel _____	Block _____	Lot _____	Section _____
	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: _____	
	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	Forest Retention Area (FRA) <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	
	<i>Architectural Review case #</i> _____			<i>Board of Appeals case #</i> _____		

Directions to site from Courthouse	_____
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Contractor Information	Company Name: _____
	Mailing Address: _____ City: _____ State: _____ Zip: _____
	Phone _____ Mobile #: _____ E-mail: _____
	Contact Name (print): _____
	Calvert County License #: _____ MD Home Builders Reg. # _____ MHIC License #: _____

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	PROPOSED Finished Sq. Ft.
<input type="checkbox"/> Residential Addition <input type="checkbox"/> Res. Accessory Structure	_____
<input type="checkbox"/> Res. Water Dep. Structure <input type="checkbox"/> SF Attached Dwelling	PROPOSED Sq. Ft. for Porches, Garages, Decks, Sheds, etc.
<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	PROPOSED CONSTRUCTION INFORMATION

TYPE OF PROPOSED ADDITION	# Bldgs: _____	# Stories: _____	# Units: _____	Bldg. Height: _____
<input type="checkbox"/> Attached Garage <input type="checkbox"/> Deck	# Kitchens: _____	# Half Baths: _____	# Full Baths: _____	# Fireplaces: _____
<input type="checkbox"/> Enclosed Sunroom <input type="checkbox"/> Porch	# Rooms (excluding kitchen & baths): _____			
<input type="checkbox"/> Other <input type="checkbox"/> Other	<input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/> Crawl			

TYPE OF PROPOSED ACCESSORY STRUCTURE	Footing _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Pile <input type="checkbox"/> Caisson <input type="checkbox"/> Other
<input type="checkbox"/> Garage/Workshop <input type="checkbox"/> Fence	Exterior Walls _____	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Brick <input type="checkbox"/> Vinyl <input type="checkbox"/> Other
<input type="checkbox"/> Retaining Wall <input type="checkbox"/> Shed / Pole Barn	Interior Walls _____	<input type="checkbox"/> Plaster <input type="checkbox"/> Panel <input type="checkbox"/> Drywall <input type="checkbox"/> Other
<input type="checkbox"/> Pool <input type="checkbox"/> Other	Roof Structure _____	<input type="checkbox"/> Flat <input type="checkbox"/> Pitch <input type="checkbox"/> Shed <input type="checkbox"/> Other

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	

- 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.
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.
- 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.	OWNER or AUTHORIZED AGENT (circle one)	
	SIGNATURE: _____	Date: _____
	PRINT NAME: _____	
	Phone #: _____	
	Mobile #: _____	
Email: _____		