

COMMERCIAL
Application For
Zoning Approval
and
USE PERMIT



Office Use Only

Use A/P #: _____
Received by: EH: _____ Date: _____
Received by I&P: _____ Date: _____

Calvert County Inspections & Permits Division, 150 Main Street, Suite 335, Prince Frederick, MD 20678
(410) 535 2155 (410) 535-2156 (410) 535-1600 (301) 855-1243

Property Owner Information:

Name: _____ County Project _____ Non-Profit Organization _____
Phone #: () _____ Mobile #: _____ Email: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Premise Address:

Premise Address: _____ City: _____ State: _____ Zip: _____

Additional Premise Information:

Commercial Project Name: _____ Food Establishment _____
Commercial Center Name: _____ Unit #: _____ Suite #: _____
Tax ID#, Map, Parcel, Block, Lot, and Section can be found on-line at Maryland Real Property Data Search
Tax ID # _____ Tax Map _____ Grid _____ Parcel _____ Block _____ Lot _____ Section _____
Town Center _____ District: 1st 2nd 3rd _____ Lot Size or Acreage: _____
Water: Individual Well County Private System Sewer: Septic Tank County Private System

Directions to site from Courthouse

Business Information:

Name: _____ Contact: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: () _____ Mobile #: _____ Email: _____

SPECIAL INSTRUCTIONS:

- A. This permit application must be submitted to the Inspections and Permits Division to be forwarded for review. Incomplete submittals and/or unsigned applications may result in processing delays.
- B. This Use permit is not transferable.
- C. This permit is only valid for the address and business as listed.

NEW USE PERMIT

Proposed Use: _____ Proposed Company/Business Name: _____

CHANGE IN USE PERMIT

Existing Use: _____ Previous Company/Business Name: _____
Proposed Use: _____ Proposed Company/Business Name: _____

PROPOSED TYPE OF USE			
Assembly (civic, social, religious, recreations, food/drink)	# of Occupants/Patrons:	Institutional (detaining for correctional purposes)	
Business (office, professional, service)		Mercantile (display and sale of merchandise)	
Educational (school) Educational (day care)	# of Classrooms:	Residential (hotels, assisted living)	# of Rooms:
	# of Enrollment:		# of Clients:
Factory Industrial (assembling, fabricating, manufacturing, repair, etc)		Storage (warehouse)	

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 Zoning Ordinances.	OWNER or AUTHORIZED AGENT	
	SIGNATURE: _____	Date: _____
	PRINT NAME: _____	
	Phone #: () _____	
	Mobile #: () _____	
Email: _____		

APPROVED BY THE ENVIRONMENTAL HEALTH DEPARTMENT
SIGNATURE _____ DATE: _____ Food Facility Plan is required

APPROVED BY THE DEPARTMENT OF PLANNING & ZONING
SIGNATURE _____ DATE: _____