



## PRE-APPLICATION SUMMARY

for NON-RESIDENTIAL OR MULTI-FAMILY UNIT PROJECTS

ALLEGANY COUNTY, MARYLAND

PROJECT NUMBER:

DATE SUBMITTED:

TIME:

/ / 201

am / pm

**CONTACT INFORMATION** This Summary, Pages 1 & 2, must be completed where applicable prior to acceptance and processing at the LDS Office. Attach Sketch Plan.

APPLICANT Principal Contact – Correspondence will be dispatched and mailed to the person or Company noted in this field.

Last Name	First Name	Middle	Phone(work)
Address			Phone(home)
City		State	Zip
Email			

PROPERTY OWNER APPLICANT if left blank.

Last Name	First Name	Middle	Phone(work)
Address			Phone(home)
City		State	Zip

PROFESSIONAL DESIGN CONSULTANT OF RECORD

Last Name	First Name	Middle	Phone(Office)
Address			Phone(cellular)
City		State	Zip

LEGAL COUNSEL OF RECORD

Last Name	First Name	Middle	Phone(Office)
Address			Phone(cellular)
City		State	Zip

GENERAL CONTRACTOR  APPLICANT if left blank.  Out for Bid

Company Name:	Contact Name		Phone(Office)
Address			Phone(cellular)
City		State	Zip

ELECTRICAL CONTRACTOR  Out for Bid

Company Name:	Electrician		Phone(Office)
Address			MD Master License #
City		State	Zip

PLUMBING CONTRACTOR  Out for Bid

Company Name:	Plumber		Phone(Office)
Address			MD Master License #
City		State	Zip

ELECTRICAL INSPECTION AGENCY OF RECORD  Out for Bid

Company Name:	Inspector's Name		Phone(Office)
Address			MD Master License #
City		State	Zip

PLUMBING INSPECTION AGENCY OF RECORD  Out for Bid

Company Name:	Inspector's Name		Phone(work)
Address			MD Master License #
City		State	Zip

**DESCRIPTION OF PROJECT**  Project Narrative attached

Written Description:	Estimated Value (\$):
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**CERTIFICATION:** I hereby agree to comply with all regulations and codes, which are applicable hereto. I further agree that any misstatement or misrepresentation of facts presented as part of this Summary, or change to proposal without approval of the agencies concerned, shall constitute sufficient grounds for the disapproval or revocation of the subject permit. I hereby affirm that I own the property which is the subject of this application; or that I am the duly designated representative of the property owner, and that I possess the legal authority to make this Affidavit on behalf of myself or the owner for whom I am acting. I do solemnly declare and affirm under the penalties of perjury that the contents of this Summary are true and correct to the best of my knowledge, information and belief.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For additional forms and information, please visit our website at <http://gov.allconet.org/permits/>

**TYPE OF USE** - Please check the appropriate description(s):

LAND USE	Land Use Classification								
	<input type="checkbox"/> COMMERCIAL								
	<input type="checkbox"/> INDUSTRIAL (NON-AGRICULTURAL)								
	<input type="checkbox"/> INSTITUTIONAL								
	<input type="checkbox"/> MULTI-FAMILY DWELLING								
	<input type="checkbox"/> EXTRACTIVE TYPE INDUSTRY								
	<input type="checkbox"/> MAJOR TYPE SUBDIVISION								
	<input type="checkbox"/> PLANNED DEVELOPMENT								
	<input type="checkbox"/> INDUSTRIALIZED AGRICULTURAL OPERATION								
	<input type="checkbox"/> STORMWATER MANAGEMENT								
	<input type="checkbox"/> OTHER								

**BUILDING CODES INFORMATION** Circle the appropriate

CONSTRUCTION CLASS	<input type="checkbox"/> IBC	<input type="checkbox"/> IRC	Use Group					Type		
	ASSEMBLY	A	1	2	3	4	5	I	A	B
	BUSINESS	B								
	EDUCATIONAL	E						II	A	B
	FACTORY	F	1	2						
	HIGH HAZARD	H	1	2	3	4	5			
	INSTITUTIONAL	I	1	2	3	4				
	MERCANTILE	M								
	RESIDENTIAL	R	1	2	3	4				
	STORAGE	S	1	2						
	UTILITY & MISC.	U								

**PROJECT SCHEDULE**

STRUCTURE DIMENSIONS		STRUCTURE - AREAS		ROOM SCHEDULE		FOUNDATION		UTILITIES	
WIDTH		FINISHED	sf	ROOMS		<input type="checkbox"/> BASEMENT		<input type="checkbox"/> ELECTRIC	
LENGTH		UNFINISHED	sf	BEDROOMS		<input type="checkbox"/> CRAWLSPACE		<input type="checkbox"/> GAS	
HEIGHT		TOTAL	sf	BATHROOMS		<input type="checkbox"/> SLAB		<input type="checkbox"/> OIL	
STORIES				#OCCUPANTS		<input type="checkbox"/> PIERS		<input type="checkbox"/> OTHER	

**LEGAL DESCRIPTION OF PROPERTY/ SITE INFORMATION**

For assistance completing this section, please contact the LDS Office

**LOT -LOCATION INFORMATION**

LOT -LEGAL INFORMATION		LOT - INFRASTRUCTURE INFORMATION	
Election District:		Tax Account #(s):	
Zoning District:		Tax Map:	
Planning Region:		Quad:	
Easting:		Parcel(s):	
Northing:		Lot #(s):	
FEMA FIRM Zone		Lot Size(T):	Ac / sf
Map ID#:		Deed, Liber/Folio:	
Land Use Code:		Other LUP/BOZA:	

**LOT - INFRASTRUCTURE INFORMATION**

Access:	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed	<input type="checkbox"/> Other
	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Other
Water:	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed	
Entity:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other
Source Name:			
Sewerage:	<input type="checkbox"/> Existing	<input type="checkbox"/> Proposed	
Entity:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other
Source Name:			

**BOARD OF ZONING APPEALS INFORMATION**

BOZA#:	TYPE:	<input type="checkbox"/> SPECIAL EXCEPTION	<input type="checkbox"/> VARIANCE	<input type="checkbox"/> ADMINISTRATIVE ERROR	<input type="checkbox"/> OTHER
CASE NAME:	CHAPTER/SECTION/ARTICLE:				
SUBJECT:					
SUBMITTED:	HEARING:			DECISION:	<input type="checkbox"/> APPROVED

**SUBDIVISION INFORMATION**  Plat Approved  Plat preparation in-process

PLAT#:	LOT OF RECORD:	<input type="checkbox"/> YES: <input type="checkbox"/> NO, PLAT REQUIRED
PLAT NAME:	TYPE:	<input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR
MISC INFO:		DELTA #:
SUBMITTED	APPROVED	AMENDED:

**DEVELOPMENT PLAN INFORMATION**

SITE PLAN INFO		FPM PLAN INFO			
SITE PLAN#:		SITE PLAN#:			
PLAN NAME:		PLAN NAME:			
AREA DISTRUBED:	Ac / sf	AREA DISTRUBED:	Ac / sf		
PLAN TYPE:	<input type="checkbox"/> MAJOR	PLAN TYPE:	<input type="checkbox"/> MAJOR		
	<input type="checkbox"/> STANDARD		<input type="checkbox"/> STANDARD		
	<input type="checkbox"/> MINOR		<input type="checkbox"/> MINOR		
	<input type="checkbox"/> N/A		<input type="checkbox"/> N/A		
SUBMITTED:		SUBMITTED:			
APPROVED:		APPROVED:			
PERF. AGREEMENT:		ELEV. CERT.:			
BOND:		FLOODWAY:	<input type="checkbox"/> YES		
O&M AGREEMENT:		DECL. LAND REST.			

**ESTIMATED FEES**

INVOICE#	--N/A--
APPLICATION	\$
BOZA	\$
ZONING CERT.	\$
CODE REVIEW	\$
INSPECTION(S)	\$
ASCD	\$
SWM WAIVER	\$
SWM REVIEW	\$
SEC REVIEW	\$
SUBDIVISION	\$
OTHER	\$
TOTAL	\$