



LAND USE PERMIT APPLICATION

ALLEGANY COUNTY, MARYLAND

PERMIT NUMBER:

DATE APPLIED:
TIME:

/ / 201
am / pm

APPLICANT/PROPERTY OWNER/CONTRACTOR INFORMATION

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

This section must be fully completed prior to application acceptance

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

PROPERTY OWNER APPLICANT if left blank (Note: Certificate of Occupancy, if applicable, will be forwarded to person(s) indicated within this section unless otherwise instructed.)

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

GENERAL CONTRACTOR PROPERTY OWNER if left blank

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

ELECTRICAL CONTRACTOR PROPERTY OWNER if left blank

Company Name:	Electricians Name	Phone(work)		
Address				
City		State	Zip	Phone(cellular)

PLUMBING CONTRACTOR PROPERTY OWNER if left blank

Company Name:	Plumbers Name	Phone(work)		
Address				
City		State	Zip	Phone(cellular)

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

Land Use Classification		CONSTRUCTION CLASS	Use Group					Type									
<input type="checkbox"/> SINGLE FAMILY DWELLING			<input type="checkbox"/> IBC <input type="checkbox"/> IRC					<input type="checkbox"/> ASSEMBLY	A	1	2	3	4	5	I	A	B
<input type="checkbox"/> MOBILE HOME			<input type="checkbox"/> ASSEMBLY					<input type="checkbox"/> BUSINESS	B								
<input type="checkbox"/> DUPLEX			<input type="checkbox"/> BUSINESS					<input type="checkbox"/> EDUCATIONAL	E								
<input type="checkbox"/> ACCESSORY STRUCTURE			<input type="checkbox"/> EDUCATIONAL					<input type="checkbox"/> FACTORY	F	1	2						
<input type="checkbox"/> ADDITION			<input type="checkbox"/> FACTORY					<input type="checkbox"/> HIGH HAZARD	H	1	2	3	4	5			
<input type="checkbox"/> AGRICULTURAL			<input type="checkbox"/> HIGH HAZARD					<input type="checkbox"/> INSTITUTIONAL	I	1	2	3	4				
<input type="checkbox"/> OTHER			<input type="checkbox"/> INSTITUTIONAL					<input type="checkbox"/> MERCANTILE	M								
<input type="checkbox"/> OCCUPANCY			<input type="checkbox"/> MERCANTILE					<input type="checkbox"/> RESIDENTIAL	R	1	2	3	4				
<input type="checkbox"/> HOME OCCUPATION			<input type="checkbox"/> RESIDENTIAL					<input type="checkbox"/> STORAGE	S	1	2						
<input type="checkbox"/> SIGN		<input type="checkbox"/> STORAGE					<input type="checkbox"/> UTILITY & MISC.	U									
Written Description:										Estimated Value (\$):							

PROJECT SCHEDULE Project subject to Building Codes Permitting Process: Construction drawings STANDARD CONSTRUCTION PLAN ADDENDUM submitted

PROJECT SCHEDULE #1	# UNITS	FOUNDATION	<input type="checkbox"/> BASEMENT				# UNITS			FOUNDATION	<input type="checkbox"/> BASEMENT			
	WIDTH		<input type="checkbox"/> CRAWLSPACE				WIDTH				<input type="checkbox"/> CRAWLSPACE			
	LENGTH		<input type="checkbox"/> SLAB				LENGTH				<input type="checkbox"/> SLAB			
	HEIGHT	UTILITIES	<input type="checkbox"/> PIERS				HEIGHT			<input type="checkbox"/> PIERS				
	STORIES		<input type="checkbox"/> OTHER				STORIES			<input type="checkbox"/> OTHER				
	ROOMS		<input type="checkbox"/> ELECTRIC				ROOMS			<input type="checkbox"/> ELECTRIC				
	BEDROOMS	HEATING & A.C.	<input type="checkbox"/> GAS				BEDROOMS			<input type="checkbox"/> GAS				
	BATHROOMS		<input type="checkbox"/> OIL				BATHROOMS			<input type="checkbox"/> OIL				
	FINISHED AREA		<input type="checkbox"/> OTHER				FINISHED AREA			<input type="checkbox"/> OTHER				
	UNFINISHED AREA	FIREPLACE(S)	<input type="checkbox"/> CENTRAL				UNFINISHED AREA			<input type="checkbox"/> CENTRAL				
TOTAL AREA	<input type="checkbox"/> BASEBOARD				TOTAL AREA			<input type="checkbox"/> BASEBOARD						
#OCCUPANTS	<input type="checkbox"/> OTHER				#OCCUPANTS			<input type="checkbox"/> OTHER						
	<input type="checkbox"/> NONE							<input type="checkbox"/> NONE						
	<input type="checkbox"/> YES							<input type="checkbox"/> YES						
	<input type="checkbox"/> NO							<input type="checkbox"/> NO						

LEGAL DESCRIPTION OF PROPERTY/ SITE INFORMATION

For assistance completing this section, please call the LDS Office

LOT -LOCATION INFORMATION

NEAREST COMMUNITY:

LANDMARK:

LOCATION DESCRIPTION:

LOT -LEGAL 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 <input type="checkbox"/> DENIED

SUBDIVISION INFORMATION 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

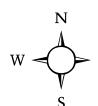
SITE PLAN INFO		FPM PLAN INFO	
SITE PLAN#:		SITE PLAN#:	
PLAN NAME:		PLAN NAME:	
AREA DISTRUBED:	Ac / sf	AREA DISTRUBED:	Ac / sf
PLAN TYPE:	<input type="checkbox"/> MAJOR	PLAN TYPE:	<input type="checkbox"/> MAJOR
	<input type="checkbox"/> STANDARD		<input type="checkbox"/> STANDARD
	<input type="checkbox"/> 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.	

FEES

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

SITE PLAN/SETBACK INFORMATION

MINOR SITE PLAN: For projects larger than 300sf, use Standard or Major Site Plan format.

Values In feet		
FRONT:		
SIDE (Right):		
SIDE (Left):		
REAR:		
ALLEY/STREET:		
OTHER BUILDING(S):		
STREAM/DRAINWAY:		
HEIGHT LIMIT:		
BUFFER:		
OTHER:		
CORNER LOT:	<input type="checkbox"/> YES	
VARIANCE REQUESTED:	<input type="checkbox"/> YES	

APPLICANT'S 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 application, 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 Application are true and correct to the best of my knowledge, information and belief.

APPLICANT'S SIGNATURE: _____

form: \\archice documents\\forms\\LUP Application.doc
rev 06/18 [T7400A]

DATE: _____

Accepted By: _____