



# LAND USE PERMIT APPLICATION

ALLEGANY COUNTY, MARYLAND

PERMIT NUMBER:

DATE APPLIED:  
TIME:

/ 202  
am / pm

## APPLICANT/PROPERTY OWNER/CONTRACTOR INFORMATION

*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 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		[ ]HB Reg. #/ [ ]MD MHIC #	
City		State	Zip

ELECTRICAL CONTRACTOR PROPERTY OWNER if left blank

Company Name:	Electricians Name	Phone(work)	
Address		MD Master License #	
City		State	Zip

PLUMBING CONTRACTOR PROPERTY OWNER if left blank

Company Name:	Plumbers Name	Phone(work)	
Address		MD Master License #	
City		State	Zip

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

LAND USE	Land Use Classification		CONSTRUCTION CLASS	I/BC	II/RC	Use Group					CONSTRUCTION TYPE	Type
	<input type="checkbox"/> SINGLE FAMILY DWELLING	<input type="checkbox"/> COMMERCIAL				ASSEMBLY	A	1	2	3		
	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> INDUSTRIAL	BUSINESS	B								II
	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> INSTITUTIONAL	EDUCATIONAL	E								
	<input type="checkbox"/> ACCESSORY STRUCTURE	<input type="checkbox"/> MULTI-FAMILY DWELLING	FACTORY	F	1	2						III
	<input type="checkbox"/> ADDITION	<input type="checkbox"/> EXTRACTIVE TYPE INDUSTRY	HIGH HAZARD	H	1	2	3	4	5			
	<input type="checkbox"/> AGRICULTURAL		INSTITUTIONAL	I	1	2	3	4				IV
	<input type="checkbox"/> OTHER	<input type="checkbox"/> DEMOLITION	MERCANTILE	M								
	<input type="checkbox"/> OCCUPANCY	<input type="checkbox"/> GRADING	RESIDENTIAL	R	1	2	3	4				
	<input type="checkbox"/> HOME OCCUPATION	<input type="checkbox"/> STORMWATER MANAGEMENT	STORAGE	S	1	2						V
	<input type="checkbox"/> SIGN	<input type="checkbox"/> FOREST HARVEST	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				PROJECT SCHEDULE #2	# UNITS	FOUNDATION	<input type="checkbox"/> BASEMENT				
	WIDTH		<input type="checkbox"/> CRAWLSPACE					<input type="checkbox"/> CRAWLSPACE						
	LENGTH		<input type="checkbox"/> SLAB					<input type="checkbox"/> SLAB						
	HEIGHT	UTILITIES	<input type="checkbox"/> PIERS					<input type="checkbox"/> PIERS	HEIGHT	UTILITIES	<input type="checkbox"/> PIERS			
	STORIES		<input type="checkbox"/> OTHER					<input type="checkbox"/> OTHER	STORIES		<input type="checkbox"/> OTHER			
	ROOMS		<input type="checkbox"/> ELECTRIC					<input type="checkbox"/> ELECTRIC	ROOMS		<input type="checkbox"/> ELECTRIC			
	BEDROOMS	HEATING & A.C.	<input type="checkbox"/> GAS					<input type="checkbox"/> GAS	BEDROOMS	HEATING & A.C.	<input type="checkbox"/> GAS			
	BATHROOMS		<input type="checkbox"/> OIL					<input type="checkbox"/> OIL	BATHROOMS		<input type="checkbox"/> OIL			
	FINISHED AREA		<input type="checkbox"/> OTHER					<input type="checkbox"/> OTHER	FINISHED AREA		<input type="checkbox"/> OTHER			
	UNFINISHED AREA	FIREPLACE(S)	<input type="checkbox"/> CENTRAL					<input type="checkbox"/> CENTRAL	UNFINISHED AREA	FIREPLACE(S)	<input type="checkbox"/> CENTRAL			
TOTAL AREA	<input type="checkbox"/> BASEBOARD				<input type="checkbox"/> BASEBOARD	TOTAL AREA	<input type="checkbox"/> BASEBOARD							
#OCCUPANTS	<input type="checkbox"/> OTHER				<input type="checkbox"/> OTHER	#OCCUPANTS	<input type="checkbox"/> OTHER							
	<input type="checkbox"/> NONE				<input type="checkbox"/> NONE		<input type="checkbox"/> NONE							

FORM EXPIRES 12/31/2023

## LEGAL DESCRIPTION OF PROPERTY/ SITE INFORMATION

For assistance completing this section, please call the AC P&amp;Z OP&amp;L

## 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):
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
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.	

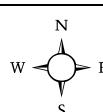
## FEES

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

## 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: Z:\PZ\Documents\Permits\DOCLUP Application.docx  
rev 02/23d [PSD\_LS2]

DATE: \_\_\_\_\_

Accepted By: \_\_\_\_\_

For additional forms or information, visit the Departments website at: <https://sites.google.com/view/acpz/home>