

HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING  
DEVELOPMENT ENGINEERING DIVISION  
3430 Court House Drive  
Ellicott City, MD 21043  
(410) 313-4427

REQUIRED SUPPLEMENTAL INFORMATION SHEET  
FOR COMMERCIAL BUILDING PERMIT APPLICATIONS

THIS FORM MUST BE COMPLETED IN FULL PRIOR TO SUBMISSION FOR REVIEW  
BY THE DEVELOPMENT ENGINEERING DIVISION  
DEPARTMENT OF PLANNING AND ZONING  
(To Be Completed By The Applicant)

The following information is required so that your application can be processed. Complete all applicable fields.

1. Address of property (project address):

Street Address \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_.

2. Owner's Name \_\_\_\_\_ Phone #: \_\_\_\_\_.

Owner's Address \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_.

3. Subdivision Name \_\_\_\_\_ Parcel/Lot No. \_\_\_\_\_.

4. Tax Map No. \_\_\_\_\_ Block/Grid \_\_\_\_\_ Parcel No. \_\_\_\_\_.

5. Plan:

a. Attach copy of SDP if available. SDP # \_\_\_\_\_.

b. Attach plan or sketch showing the water and sewer and appurtenances requested (if applicable) if no site development plan exists or if not required.

6. ZONING DISTRICT: \_\_\_\_\_.

**ANY STRUCTURE BEING RENOVATED, (IF THE OCCUPANT(S) CHANGED OR ANY INTERIOR ALTERATIONS OF ANY KIND) THE FOLLOWING INFORMATION IS MANDATORY:**

1. Current, Existing or Previous tenant's name: \_\_\_\_\_.

2. Previous tenant's suite, bay or space number: \_\_\_\_\_.

3. Current, Existing, or Previous Use (i.e. type of business): \_\_\_\_\_.

4. New occupant's name: \_\_\_\_\_.
5. New occupant's suite, bay or space number: \_\_\_\_\_.
6. New occupant's number of employees: \_\_\_\_\_.
7. New occupant's intended use (i.e. type of business): \_\_\_\_\_.
8. Type of work to be completed with this permit: \_\_\_\_\_.

**ADDITIONAL INFORMATION REQUIRED FOR COMMERCIAL AND INDUSTRIAL BUILDINGS:**

1. WAREHOUSE: \_\_\_\_\_ Total sq. ft.
2. INDUSTRIAL (Type): \_\_\_\_\_ Total sq. ft. \_\_\_\_\_.
3. COMMERCIAL: \_\_\_\_\_ Total sq. ft.

**FOR NEW CONSTRUCTION OR UPGRADES TO EXISTING SERVICE THE FOLLOWING MUST BE PROVIDED:**

- a. Sewer house connection size: \_\_\_\_\_ Contract Number \_\_\_\_\_.
- b. Water house connection size: \_\_\_\_\_ Contract Number \_\_\_\_\_.
- c. Domestic water meter size: \_\_\_\_\_.
- d. Unmetered fire protection size: \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_  
(Owner/Developer/Applicant)

PRINT NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

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

PHONE NO. \_\_\_\_\_

**FOR OFFICE USE ONLY APPROVAL / CHECK OFF:**

DED's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Permit Number(s) \_\_\_\_\_

Unit Number: \_\_\_\_\_

Employees: \_\_\_\_\_ Number of sewer in-aids paid for existing structure: \_\_\_\_\_

$$\frac{x 25 \text{ G.P.D.} \times 365 = \quad =}{90,000}$$

Number of water in-aids paid for existing structure: \_\_\_\_\_

$$\text{G.P.D.:} \quad \frac{x 365 = \quad =}{90,000}$$

Number of supplemental in-aids paid for existing structure: \_\_\_\_\_

Meter Readings:

Number of Middle Patuxent in-aids paid for existing structure: \_\_\_\_\_

\_\_\_\_\_

Present consumption for the existing structure: \_\_\_\_\_

\_\_\_\_\_

Number of in-aids charged for this permit:

\_\_\_\_\_

Sewer \_\_\_\_\_

Water \_\_\_\_\_

$$\text{Total:} \quad \frac{x 748 = \quad =}{90,000}$$

Supplemental \_\_\_\_\_

Middle Patuxent \_\_\_\_\_

Water Account: \_\_\_\_\_