

HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING
DEVELOPMENT ENGINEERING DIVISION
3430 Court House Drive
Ellicott City, MD 21043
(410) 313-4392 / (410) 313-3372

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: _____.

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

Number of water in-aids paid for existing structure: _____.

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

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 _____.

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

Supplemental _____.

Middle Patuxent _____.

Water Account: _____.