

# CITY OF FROSTBURG

## BUILDING PERMIT APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT

CITY HALL

37 BROADWAY, P.O. BOX 440

FROSTBURG, MARYLAND 21532

### **Applicant Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

### **Property Owner Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

### **Builder/Contractor Information** *If property owner, State of Maryland Affirmation of Landowner MUST be attached*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

MHBR No: \_\_\_\_\_ MHIC No: \_\_\_\_\_

### **Project Information**

Project Address or Location: \_\_\_\_\_

Primary Structure  Accessory Structure | Building Use: \_\_\_\_\_

Description: \_\_\_\_\_

Dimensions: \_\_\_\_\_ Square footage: \_\_\_\_\_ Height: \_\_\_\_\_

Area Disturbed: \_\_\_\_\_ No. of Units: \_\_\_\_\_ No. of Stories: \_\_\_\_\_

No. of Rooms: \_\_\_\_\_ No. of Bathrooms: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_ Basement:  /

Water  Sewer  Electric | Estimated Value: \$ \_\_\_\_\_ for Allegany County Assessment Office use

### **Setback Information**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Left: \_\_\_\_\_ Right: \_\_\_\_\_ Other: \_\_\_\_\_

Setback from Alley: \_\_\_\_\_ Stream/Drainway: \_\_\_\_\_ Buildings: \_\_\_\_\_

Other Setback Information: \_\_\_\_\_ Corner Lot

### **Property Information** *Attach Maryland Real Property Search data sheet to complete application*

Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Tax Account ID: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Election District: \_\_\_\_\_ Historic District:  /  FEMA Zone: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Plat No.: \_\_\_\_\_

Comments:

TO BE COMPLETED BY CITY

**Board of Zoning Appeals Information**

**BOZA Case No.:** \_\_\_\_\_

Submission Date: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Case Name: \_\_\_\_\_

Subject: \_\_\_\_\_

Type:  Special Exception  Variance  Administrative Error  Other: \_\_\_\_\_

BOZA Decision:  APPROVED  DENIED Date: \_\_\_\_\_

**Approval Checklist**

Check if Required	Approval Agencies	Approval Date	Approved by
<input type="checkbox"/> PLAN REVIEW	City/MEGCO Inspections		
<input type="checkbox"/> SEDIMENT & EROSION CONTROL	Allegany Soil Conservation District		
<input type="checkbox"/> UTILITIES/STREETS	City Public Works Dept.		
<input type="checkbox"/> PLANNING	Frostburg Planning Commission		
<input type="checkbox"/> STORMWATER	City/ACSD		
<input type="checkbox"/> SUBDIVISION	City		
<input type="checkbox"/> ADA	City		
<input type="checkbox"/> FIRE MARSHAL	Md. State Fire Marshal		
<input type="checkbox"/> FOOD SERVICE	Allegany Co. Health Dept.		

**Building Inspection Checklist**

Check if Required	Approval Date	Approved by
<input type="checkbox"/> FOOTING		
<input type="checkbox"/> FOUNDATION		
<input type="checkbox"/> FRAMING		
<input type="checkbox"/> ELECTRIC SERVICE		
<input type="checkbox"/> PLUMBING/SPRINKLER SERVICE		
<input type="checkbox"/> ELECTRIC ROUGH-IN		
<input type="checkbox"/> PLUMBING ROUGH-IN		
<input type="checkbox"/> SPRINKLER ROUGH-IN		
<input type="checkbox"/> ELECTRIC FINAL		
<input type="checkbox"/> PLUMBING FINAL		
<input type="checkbox"/> SPRINKLER FINAL		
<input type="checkbox"/> INSULATION/CLOSE-IN		
<input type="checkbox"/> FINAL/OCCUPANCY		

**Fees:**

Application Fee: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Water Tap Fee: \$ \_\_\_\_\_

Water Meter: \$ \_\_\_\_\_

Sewer Tap Fee: \$ \_\_\_\_\_

Plan Review Fee: \$ \_\_\_\_\_

Inspection/Codes Fee: \$ \_\_\_\_\_

SWM Review Fee: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Date Fees Paid: \_\_\_\_\_

Payment Method:  Check  Cash

Check #'s: \_\_\_\_\_

*I hereby agree to comply with all regulations and codes which are applicable hereto, and further agree than any misstatement or misrepresentation of the 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. It is my responsibility to relocate any and all utilities that may be located upon the proposed construction site at my expense. **No roof, sump, or surface drains are to be connected to the sanitary sewer system.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CITY USE ONLY**

Application Date: \_\_\_\_\_ Taken by: \_\_\_\_\_ Status: \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_ Issued by: \_\_\_\_\_

Certificate of Occupancy Issue Date: \_\_\_\_\_

**PERMIT NO.** \_\_\_\_\_