



TOWN OF BEL AIR

BUILDING PERMIT AND TENANT USE & OCCUPANCY WORK SHEET

PLEASE CALL (410) 638-4546 OR (410) 879-9507 FOR MORE INFORMATION.

APPLICANT MUST SIGN WORK SHEET.

PERMIT TBA -
APP. DATE:

JOB LOCATION:	SUITE/SPACE NO:	Property Tax # 03-
DESCRIPTION OF WORK:		HISTORICAL DESIGNATION? [] YES [] NO MAY REQUIRE HPC REVIEW

RESIDENTIAL		New Bldg. []	ADD/Alterations []	COMMERCIAL	New Bldg []	Reno/Alt. []
Single Family []	Townhouse []	Apt/Condo []	Age Restricted? YES [] NO []	NON STRUCTURAL --Tenant U & O Check []		
SO. FT	Structure Height:	NO OF STORIES:		TENANT NAME:		
EST. COST \$		Water/Sewer	Public	Private		

APPLICANT INFORMATION	APPLICANT NAME (PRINT): OWNER'S AUTHORIZATION LETTER	PHONE No.	ITEMS FOR SALE OR SERVICES OFFERED:
	COMPANY /CORPORATION NAME:	FAX No.	
	ADDRESS/STATE/ZIP		

PROPERTY OWNER	PROPERTY OWNER NAME (PRINT):	PHONE No.	TYPE OF BUSINESS:
	COMPANY/CORP. NAME:	FAX No.	
	ADDRESS/STATE/ZIP		

CONTRACTOR INFORMATION	CONTRACTOR NAME (PRINT): IF APPLICABLE	PHONE No.	No. FULL BATHROOMS
	ADDRESS/STATE/ZIP		No. HALF BATHROOMS
	COUNTY OR STATE CONTR. LIC. NUMBER:	FAX No.	No. OF FIREPLACES

No. OF BEDROOMS	
No. OF PLANS SUBMITTED	
Health Yes/No	Electric Yes/No
Plumbing Yes/No	

IS THIS PERMIT APPLICATION THE RESULT OF A ZONING ENFORCEMENT INVESTIGATION OR STOP WORK ORDER? (Y/N)	DOES THIS REQUEST VIOLATE YOUR COVENANTS OR RESTRICTIONS FOR YOUR PROPERTY? (Y/N)	IS ASBESTOS PRESENT AND IN NEED OF REMOVAL? (Y/N)
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I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND THE SAME IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN DOING THIS WORK, ALL PROVISIONS OF THE TOWN OF BEL AIR BUILDING CODES AND LAWS OF THE STATE OF MARYLAND WILL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT. I WILL NOTIFY THE TOWN OF BEL AIR TWENTY-FOUR (24) HOURS IN ADVANCE, WHEN I AM READY FOR INSPECTIONS. NO WORK WILL BE CONCEALED UNTIL APPROVED. CONSENT IS HEREBY GIVEN FOR THE ENTRY OF AUTHORIZED INSPECTORS UNTIL THE JOB HAS RECEIVED A FINAL CERTIFICATE OF OCCUPANCY. NOTE TO APPLICANT/PROPERTY OWNER: As the authorized applicant/property owner(s), I understand that I am responsible for the proper removal and disposal of **ANY and ALL** construction debris (i.e., tree limbs, stumps, concrete, wood, decking, etc.) generated as a result of this building permit/activity. Town forces **will not remove** or collect any debris generated by the Contractor performing work under this permit.

ZONING CERTIFICATION FOR THIS PERMIT WILL BE APPROVED BASED ON THE SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION.	Authorized/Applicant Signature	Date
	Zoning Official	Date to DILP for Review:

DILP INFORMATION	RES. SFD <input type="checkbox"/>	RES. TOWN <input type="checkbox"/>	RES. MOBILE <input type="checkbox"/>	Harford County Fee	\$ _____
	GOV. <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	MULTI <input type="checkbox"/>	Administration/U & O Fee	\$ _____
HEALTH (Y/N) ELECTRIC (Y/N) PLUMBING (Y/N)			Single Lot Agreement	\$ _____	
			**SSCI Plan Review Fee	\$ _____	
			Total Fee Due	\$ _____	

**** NOTE: SANITARY SEWER CHARGES (SSCI) WILL BE CALCULATED [IF APPLICABLE] AND PAID PRIOR TO ISSUANCE OF A BUILDING PERMIT.**

{Minimum/Flat Fee May Apply}