



# 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.

TOBA #: -

WEBQA #:

ENERGOV #:

APP. DATE:

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

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

<b>APPLICANT INFORMATION</b>	APPLICANT NAME (PRINT): <b>OWNER'S AUTHORIZATION LETTER</b>	PHONE NO:	<b>ITEMS FOR SALE OR SERVICES OFFERED:</b>
	COMPANY /CORPORATION NAME:	EMAIL:	
	ADDRESS/STATE/ZIP		
			<b>TYPE OF BUSINESS:</b>

<b>PROPERTY OWNER</b>	PROPERTY OWNER NAME (PRINT):	PHONE NO:	NO. FULL BATHROOMS
	COMPANY/CORP. NAME:	EMAIL:	NO. HALF BATHROOMS
	ADDRESS/STATE/ZIP		NO. OF FIREPLACES

<b>CONTRACTOR INFORMATION</b>	CONTRACTOR NAME (PRINT): IF APPLICABLE	PHONE NO:	NO. OF BEDROOMS
	ADDRESS/STATE/ZIP	EMAIL:	NO. OF PLANS
	COUNTY OR STATE LIC. No:	HOME BUILDER REGISTRATION NO:	<b>Health</b> 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)	<b>Electric</b> Yes/No
			<b>Plumbing</b> Yes/No
			<b>Mechanical</b> Yes/No

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:

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

Harford County Fee \$ \_\_\_\_\_  
 Administration/U & O Fee \$ \_\_\_\_\_  
**\*\*\*STATE (\$50) RESIDENTIAL FEE** \$ \_\_\_\_\_  
 Single Lot Agreement \$ \_\_\_\_\_  
 SSCI Plan Review Fee \$ \_\_\_\_\_  
 Total Fee Due \$ \_\_\_\_\_  
 {Minimum/Flat Fee May Apply}

**\*\* Please expect up to 2 to 4 weeks processing time of Town permit applications\*\***  
**\*\*If revised plans are requested it will require longer review time \*\***