



# PRE-APPLICATION SUMMARY

PROJECT NUMBER:

for NON-RESIDENTIAL OR MULTI-FAMILY UNIT PROJECTS

ALLEGANY COUNTY, MARYLAND

DATE SUBMITTED: / / 201  
TIME: am / pm

**CONTACT INFORMATION** This Summary, Pages 1 & 2, must be completed where applicable prior to acceptance and processing at the LDS Office. Attach Sketch Plan.

**APPLICANT** Principal Contact – Correspondence will be dispatched and mailed to the person or Company noted in this field.

Last Name	First Name	Middle	Phone(work)
Address			Phone(home)
City	State	Zip	Phone(cellular)
Email			

**PROPERTY OWNER** APPLICANT if left blank.

Last Name	First Name	Middle	Phone(work)
Address			Phone(home)
City	State	Zip	Phone(cellular)

**PROFESSIONAL DESIGN CONSULTANT OF RECORD**

Last Name	First Name	Middle	Phone(Office)
Address			Phone(cellular)
City	State	Zip	Email

**LEGAL COUNSEL OF RECORD**

Last Name	First Name	Middle	Phone(Office)
Address			Phone(cellular)
City	State	Zip	Email

**GENERAL CONTRACTOR**  APPLICANT if left blank.  Out for Bid

Company Name:	Contact Name	Phone(Office)
Address		Phone(cellular)
City	State	Zip
Email		

**ELECTRICAL CONTRACTOR**  Out for Bid

Company Name:	Electrician	Phone(Office)
Address		MD Master License #
City	State	Zip
Email		

**PLUMBING CONTRACTOR**  Out for Bid

Company Name:	Plumber	Phone(Office)
Address		MD Master License #
City	State	Zip
Email		

**ELECTRICAL INSPECTION AGENCY OF RECORD**  Out for Bid

Company Name:	Inspector's Name	Phone(Office)
Address		MD Master License #
City	State	Zip
Email		

**PLUMBING INSPECTION AGENCY OF RECORD**  Out for Bid

Company Name:	Inspector's Name	Phone(work)
Address		MD Master License #
City	State	Zip
Email		

**DESCRIPTION OF PROJECT**  Project Narrative attached

Written Description:	Estimated Value (\$):
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**CERTIFICATION:** I hereby agree to comply with all regulations and codes, which are applicable hereto. I further agree that any misstatement or misrepresentation of facts presented as part of this Summary, or change to proposal without approval of the agencies concerned, shall constitute sufficient grounds for the disapproval or revocation of the subject permit. I hereby affirm that I own the property which is the subject of this application; or that I am the duly designated representative of the property owner, and that I possess the legal authority to make this Affidavit on behalf of myself or the owner for whom I am acting. I do solemnly declare and affirm under the penalties of perjury that the contents of this Summary are true and correct to the best of my knowledge, information and belief.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For additional forms and information, please visit our website at <http://goo.allconet.org/permits/>

**TYPE OF USE** - Please check the appropriate description(s):

**BUILDING CODES INFORMATION** Circle the appropriate

Land Use Classification		<input type="checkbox"/> /IBC <input type="checkbox"/> IRC	Use Group					Type					
LAND USE	<input type="checkbox"/> COMMERCIAL	CONSTRUCTION CLASS	ASSEMBLY	A	1	2	3	4	5	CONSTRUCTION TYPE	I	A	B
	<input type="checkbox"/> INDUSTRIAL (NON-AGRICULTURAL)		BUSINESS	B							II	A	B
	<input type="checkbox"/> INSTITUTIONAL		EDUCATIONAL	E							III	A	B
	<input type="checkbox"/> MULTI-FAMILY DWELLING		FACTORY	F	1	2					IV	HT	
	<input type="checkbox"/> EXTRACTIVE TYPE INDUSTRY		HIGH HAZARD	H	1	2	3	4	5		V	A	B
	<input type="checkbox"/> MAJOR TYPE SUBDIVISION		INSTITUTIONAL	I	1	2	3	4					
	<input type="checkbox"/> PLANNED DEVELOPMENT		MERCANTILE	M									
	<input type="checkbox"/> INDUSTRIALIZED AGRICULTURAL OPERATION		RESIDENTIAL	R	1	2	3	4					
	<input type="checkbox"/> STORMWATER MANAGEMENT		STORAGE	S	1	2							
	<input type="checkbox"/> OTHER		UTILITY & MISC.	U									

**PROJECT SCHEDULE**

STRUCTURE DIMENSIONS		STRUCTURE - AREAS		ROOM SCHEDULE		FOUNDATION		UTILITIES	
WIDTH		FINISHED	sf	ROOMS		<input type="checkbox"/> BASEMENT		<input type="checkbox"/> ELECTRIC	
LENGTH		UNFINISHED	sf	BEDROOMS		<input type="checkbox"/> CRAWLSPACE		<input type="checkbox"/> GAS	
HEIGHT		TOTAL	sf	BATHROOMS		<input type="checkbox"/> SLAB		<input type="checkbox"/> OIL	
STORIES				#OCCUPANTS		<input type="checkbox"/> PIERS		<input type="checkbox"/> OTHER	

**LEGAL DESCRIPTION OF PROPERTY/ SITE INFORMATION**

For assistance completing this section, please contact the LDS Office

LOT -LOCATION INFORMATION			
NEAREST COMMUNITY:		LANDMARK:	
LOCATION DESCRIPTION:			
LOT -LEGAL INFORMATION		LOT - INFRASTRUCTURE INFORMATION	
Election District:	Tax Account #(s):	Access:	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Other
Zoning District:	Tax Map:		<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Other
Planning Region:	Quad:	Water:	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
Easting:	Parcel(s):	Entity:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other
Northing:	Lot #(s):	Source Name:	
FEMA FIRM Zone	Lot Size(T): Ac / sf	Sewerage:	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
Map ID#:	Deed, Liber/Folio:	Entity:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other
Land Use Code:	Other LUP/BOZA:	Source Name:	

**BOARD OF ZONING APPEALS INFORMATION**

BOZA#:	TYPE: <input type="checkbox"/> SPECIAL EXCEPTION <input type="checkbox"/> VARIANCE <input type="checkbox"/> ADMINISTRATIVE ERROR <input type="checkbox"/> OTHER
CASE NAME:	CHAPTER/SECTION/ARTICLE:
SUBJECT:	
SUBMITTED:	HEARING: DECISION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED

**SUBDIVISION INFORMATION**  Plat Approved  Plat preparation in-process

PLAT #:	LOT OF RECORD: <input type="checkbox"/> YES: <input type="checkbox"/> NO, PLAT REQUIRED
PLAT NAME:	TYPE: <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR
MISC INFO:	DELTA #:
SUBMITTED	APPROVED AMENDED:

**DEVELOPMENT PLAN INFORMATION**

SITE PLAN INFO		FPM PLAN INFO	
SITE PLAN#:		SITE PLAN#:	
PLAN NAME:		PLAN NAME:	
AREA DISTRUBED:	Ac / sf	AREA DISTRUBED:	Ac / sf
PLAN TYPE:	<input type="checkbox"/> MAJOR <input type="checkbox"/> STANDARD <input type="checkbox"/> MINOR <input type="checkbox"/> N/A	PLAN TYPE:	<input type="checkbox"/> MAJOR <input type="checkbox"/> STANDARD <input type="checkbox"/> MINOR <input type="checkbox"/> N/A
SUBMITTED:		SUBMITTED:	
APPROVED:		APPROVED:	
PERF. AGREEMENT:		ELEV. CERT.:	
BOND:		FLOODWAY:	<input type="checkbox"/> YES
O&M AGREEMENT:		DECL. LAND REST.	

**ESTIMATED FEES**

INVOICE#	--N/A--
APPLICATION	\$
BOZA	\$
ZONING CERT.	\$
CODE REVIEW	\$
INSPECTION(S)	\$
ASCD	\$
SWM WAIVER	\$
SWM REVIEW	\$
SEC REVIEW	\$
SUBDIVISION	\$
OTHER	\$
<b>TOTAL</b>	<b>\$</b>