

Commercial Application for Building Permit



Town of Easton

Building Department
 14 South Harrison Street
 Easton, Maryland 21601
 Telephone 410-822-2526
 Fax 410-822-8738

APPLICANT INSTRUCTIONS: Complete all parts of this application. A Commercial Building Permit Assistance Bulletin is available and or the Building Inspection Division can answer questions, regarding the completion of this application. Additional Applications are required for Grading, Demolition, Swimming Pools, Signage, Plumbing, Mechanical and Electrical work. Applicants should also contact the following offices for additional requirements: Planning and Zoning, Engineering, Easton Utilities, State Fire Marshals Office, Environmental Health, Soil Conservation Services, Maryland Department of the Environment and State Highway Administration. This application must be accompanied by four sets of construction documents prepared by a registered design professional. Revised Nov. 2019

Office Use Only

Received Date ____ / ____ / ____

Building Permit Number _____

Total Permit Fees \$ _____

Part 1: Property Information

<input type="text"/>	Project Application Date	<input type="checkbox"/>	Tax Map
<input type="text"/>	Project's Address	<input type="checkbox"/>	Grid
<input type="text"/>	Project's Subdivision (if any)	<input type="checkbox"/>	Parcel
<input type="text"/>	Project's City, State and Zipcode	<input type="checkbox"/>	Lot
		<input type="checkbox"/>	Zoning

Indicate if the Project is located within the Overlay District's Below:

<input type="checkbox"/> Planned Redevelopment	<input type="checkbox"/> Historic	<input type="checkbox"/> Critical Area	<input type="checkbox"/> Planned Unit Development	<input type="checkbox"/> Planned Health Care
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Part 2: Owner - Tenant Information

Owner	
<input type="text"/>	Name
<input type="text"/>	Address
<input type="text"/>	City, State and Zip Code
<input type="text"/>	E-Mail Address and Telephone Number
Tenant Information	
For a Multiple Occupancy Building Provide Tenants information by attaching additional sheets	
<input type="text"/>	Name
<input type="text"/>	Address
<input type="text"/>	City, State and Zip Code
<input type="text"/>	E-Mail Address and Telephone Number
<input type="text"/>	Occupied Square Footage

Part 3: Certification

The applicant hereby certifies by completing this application as follows; (1) "I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent.", (2) "That the information contained in the application and construction documents is a full disclosure of the project." and (3) "That the information contained in the application and construction documents is in compliance with all applicable covenants and or deed restrictions."

The applicant further certifies if a permit is issued as follows; (1) "That I will comply with all codes of the Town of Easton and the State of Maryland which are applicable thereto.", (2) "That I will perform no work on the above property not specifically in this application and construction documents." and (3) "That the Town Officials shall have the authority to enter areas covered by such permit to enforce the codes applicable to such permit."

Signature of Applicant

Printed Name of Applicant

Telephone Number

E-Mail Address

Connection with Application

Mailing Address of Applicant

Part 4: Contractor Information

General Contractor

For Multiple Contractors, provide information by attaching additional sheets

<input type="text"/>	Name
<input type="text"/>	Address
<input type="text"/>	City, State and Zip Code
<input type="text"/>	E-Mail Address and Telephone Number
<input type="text"/>	Contractor's or MHIC and or RHB License Numbers

Mechanical Contractor

For Multiple Contractors, provide information by attaching additional sheets

<input type="text"/>	Name
<input type="text"/>	Address
<input type="text"/>	City, State and Zip Code
<input type="text"/>	E-Mail Address and Telephone Number
<input type="text"/>	Maryland HVACR License Number

Plumbing Contractor

For Multiple Contractors, provide information by attaching additional sheets

<input type="text"/>	Name
<input type="text"/>	Address
<input type="text"/>	City, State and Zip Code
<input type="text"/>	E-Mail Address and Telephone Number
<input type="text"/>	Maryland, Talbot and Easton Plumbing License Number

Electrical Contractor

For Multiple Contractors, provide information by attaching additional sheets

<input type="text"/>	Name
<input type="text"/>	Address
<input type="text"/>	City, State and Zip Code
<input type="text"/>	E-Mail Address and Telephone Number
<input type="text"/>	Talbot Electrical License Number

Sprinkler Contractor

For Multiple Contractors, provide information by attaching additional sheets

<input type="text"/>	Name
<input type="text"/>	Address
<input type="text"/>	City, State and Zip Code
<input type="text"/>	E-Mail Address and Telephone Number
<input type="text"/>	MHIC & Sprinkler License Number

Part 5: Permit Information

Upon receipt of the Building Permit the permit shall be posted on site and work covered by that permit may commence. Every permit issued shall become: invalid unless the work is commenced within 180 days after the permit's issuance or expired if the commenced work is suspended or abandoned for a period greater than 180 days from the last inspection. Validation of commencement shall be through required inspections and, suspension or abandonment shall be through periodic departmental inspections. All permits shall expire 630 days from the date of their issuance. The building official is authorized to grant, in writing, one or more extensions of time, for periods not exceeding 90 days each. All extension shall be requested in writing with justifiable cause demonstrated. One set of approved Construction Documents must be on site at all times.

It shall be the duty of the holder of the Building Permit or their duly authorized agent to: notify the Building Department when work is ready for inspection, to provide access to such work and means for the inspections of such work, for all required inspections. Inspection requests shall be made twenty-four hours in advance of the work being ready. Requested inspections will be made on the next available business day, prior to the end of business. Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the Building Department.

No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building, structure or portion thereof shall be made until the Building Department has issued a Certificate of Occupancy. Prior to the issuance of a Certificate of Occupancy, the Building Department shall have received all required approval from the following offices: Planning and Zoning, Engineering, Easton Utilities, State Fire Marshals Office, Environmental Health, Soil Conservation Services, Maryland Department of the Environment, State Highway Administration and Middle Department Inspection Agency. All required inspections for Building, Grading, Demolition, Swimming Pools, Signage, Plumbing, Mechanical and Electrical permits associated with the building structure or portion thereof shall have been approved. The Building Department shall also have received final reports from all third party inspection agencies for special inspections and a certified location survey plat. Revised Nov. 2019

Part 6: Square Footages by Floor for Classification of Work

Classification of Work	Basement	First	Second	Third	Fourth
New Construction or Addition					
Change of Occupancy					
Alteration Level 3					
Alteration Level 2					
Alteration Level 1					
Repairs					
Demolition					
Unaltered					
Total Building Floor	_____	_____	_____	_____	_____

Part 7: Building Information

Occupancy Design _____ <input type="radio"/> Single Occupancy <input type="radio"/> Multiple Occupancies	Occupancy Separation _____ <input type="radio"/> Single Occupancy <input type="radio"/> Non-Separated <input type="radio"/> Separated	Fire Protection _____ <input type="radio"/> No Sprinklers <input type="radio"/> Partially Sprinklered <input type="radio"/> Fully Sprinklered	Number of Fire Areas _____ <input type="radio"/> Single Fire Area <input type="radio"/> _____ Fire Areas
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Part 8: Square Footages by Floor for Occupancy Classification

Occupancy Classification	Basement	First	Second	Third	Fourth
Assembly					
Business					
Educational					
Factory and Industrial					
High Hazard					
Institutional					
Mercantile					
Residential					
Storage					
Utility and Miscellaneous					
Total Building Floor	_____	_____	_____	_____	_____

Part 9: Fire Resistance Rating for Building Elements

Complete Information for One Construction Type Only

Construction Type	Structural Frame	Bearing Walls Exterior/Interior	Non Bearing Walls Exterior/Interior	Floor Construction	Roof Construction
Type I - Noncombustible		/	/		
Type II - Noncombustible		/	/		
Type III - Noncombustible*		/	/		
Type IV - Heavy Timber		/	/		
Type V - Combustible		/	/		

Part 10: Total Project Information

_____/_____/_____ Estimated Start Date	_____/_____/_____ Estimated Finish Date	\$ _____ Estimated Project Value	FEMA Flood Plain Y or N
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Office Use Only (Revised Nov. 2019)

Building Department _____ General Information _____ <input type="radio"/> Received Date ____/____/____ <input type="radio"/> Permit Number _____ <input type="radio"/> Permit Fee \$ _____ Approval _____ <input type="radio"/> Date ____/____/____ <input type="radio"/> BD Initials _____	Planning and Zoning _____ General Information _____ <input type="radio"/> Not Applicable <input type="radio"/> Town Impact \$ _____ <input type="radio"/> County Receipt Received Approval _____ <input type="radio"/> Date ____/____/____ <input type="radio"/> P&Z Initials _____	Engineering Dept. _____ Application _____ <input type="radio"/> Not Applicable Grading Permit # _____ Approval _____ <input type="radio"/> Date ____/____/____ <input type="radio"/> Eng. Initials _____	Historic District Commission _____ Application _____ <input type="radio"/> Not Applicable <input type="radio"/> Yes - In Review <input type="radio"/> Yes - Approved Approval _____ <input type="radio"/> Date ____/____/____ <input type="radio"/> HDC Initials _____
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