

CITY OF FROSTBURG

BUILDING PERMIT APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT

CITY HALL

59 E. MAIN STREET, 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: Y / N

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: Y / N FEMA Zone: _____

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 Other: _____

BOZA Decision: APPROVED DENIED Date: _____

Approval Checklist

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

Inspection Checklist

Check if Required	Approval Date	Approved by
FOOTING		
FOUNDATION		
FRAMING		
ELECTRIC SERVICE		
PLUMBING SERVICE		
ELECTRIC ROUGH-IN		
PLUMBING ROUGH-IN		
ELECTRIC FINAL		
PLUMBING FINAL		
INSULATION/CLOSE-IN		
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 that 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. _____