

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: _____
Subdivision Name: _____ Plat No.: _____

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 Administrative Error Other: _____

BOZA Decision: APPROVED DENIED Date: _____

Approval Checklist

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

Building Inspection Checklist

Check if Required	Approval Date	Approved by
<input type="checkbox"/> FOOTING		
<input type="checkbox"/> FOUNDATION		
<input type="checkbox"/> FRAMING		
<input type="checkbox"/> ELECTRIC SERVICE		
<input type="checkbox"/> PLUMBING/SPRINKLER SERVICE		
<input type="checkbox"/> ELECTRIC ROUGH-IN		
<input type="checkbox"/> PLUMBING ROUGH-IN		
<input type="checkbox"/> SPRINKLER ROUGH-IN		
<input type="checkbox"/> ELECTRIC FINAL		
<input type="checkbox"/> PLUMBING FINAL		
<input type="checkbox"/> SPRINKLER FINAL		
<input type="checkbox"/> INSULATION/CLOSE-IN		
<input type="checkbox"/> 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. _____

CITY OF FROSTBURG

PLAN REVIEW REQUIREMENTS



DEPARTMENT OF COMMUNITY DEVELOPMENT

CITY HALL

59 E. MAIN STREET, P.O. BOX 440

FROSTBURG, MD 21532

All plans must include the items listed below; plans without the required information will be returned and charged a processing fee. All construction must meet or exceed Maryland Building performance standards. Release of construction documents does not relieve the contractor of this responsibility.

Residential Dwellings and Additions

- Owners name and address
- Preparers name and phone number
- Fire separation envelope between garage and dwelling if applicable (walls, ceiling, and interior doors)
- Room sizes
- Window sizes
- Foundation type and size
- Elevation drawing showing height of unbalanced fill
- Res-check compliance certificate
- Handrail and guardrail type and height on stairs with more than three risers and precipices over thirty inches.
- Nominal Wall Framing thickness of weight bearing walls
- Beam and girder sizes for center beams and structural support (provide design if engineered lumber is used)
- Size of electric service
- Indicate all areas to be unfinished (attic, basements, bonus rooms, decks, etc.)
- Fire separation including UL listing between adjacent units for duplexes and townhomes (may require professional design)

Decks and Porches (for decks over 30 inches above grade or more than three risers on stairs)

2 inspections required (footer and final)

- Type of attachment to dwelling
- Height
- Guardrail and handrail type and height

Retaining Walls (if over 30 inches above grade or retain a parking area)

3 inspections required (footer, lateral support prior to backfill and final)

- Maximum height above grade
- Type of lateral reinforcement (must have professional design if wall is over 48 in high)
- Type of fall protection if over 30 inches above grade

- All commercial plans require a professional design and fire marshal review if applicable -