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MAYOR AND CITY COUNCIL OF BALTIMORE
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
PERMITS AND CODES ENFORCEMENT
417 E. Fayette Street, Rm 100, Baltimore, MD 21202

Permit No.....
Dist No.
Date Issued.....
Minor Pr. No.....

USE AND OCCUPANCY PERMIT APPLICATION
FILING FEE MUST BE SUBMITTED WITH APPLICATION
\$25 FILING FEE FOR 1-AND 2-FAMILY DWELLINGS
\$50 FILING FEE FOR ALL OTHER PROPERTIES

Official Designation: _____
DO NOT WRITE ABOVE THIS LINE

PROPERTY ADDRESS

K/A

OWNER ADDRESS PHONE

CORP. OWNER/LOCAL AGENT ADDRESS PHONE

LESSEE ADDRESS PHONE

IS THIS PROPERTY A MULTIPLE-FAMILY DWELLING? YES NO
“Multiple-family dwelling” means a building or a group of buildings on the same lot that contains or is designed or intended to contain: (1) more than 2 dwelling units, (2) 2 dwelling units and any other residential or commercial occupancy, or (3) any combination of 3 or more rooming units and dwelling units.

IS THIS PROPERTY A ROOMING HOUSE? YES NO
“Rooming house” means a building that: (1) is not a multiple family dwelling, and (2) contains more than 2 rooming units occupied or designed or intended to be occupied by individuals who, even though they might share common areas and facilities, do not form a single housekeeping unit and do not provide compensation under a single lease for occupancy of the rooming house.

DESCRIPTION OF USE

(PLEASE BE SPECIFIC)

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BUILDING FULLY SPRINKLERED YES NO

EXISTING USE(S) NUMBER OF EXISTING DWELLING UNITS

PROPOSED USE(S) NUMBER OF PROPOSED DWELLING UNITS.....

The owner of the above property hereby has approved this application and agrees to comply with all ordinances of the Mayor and City Council of Baltimore and to do no work and/or allow no use not specifically covered by this application.

I declare under penalties of perjury that:

- I am the owner or have specific approval of the owner to act as agent for this application.
- I have examined this application, including all accompanying plans, specifications, etc., and, to the best of my knowledge and belief, the application is a true, correct, and complete statement of the work/use to be done under it.
- All information given by me in connection with this application is true and correct.

SIGNED: _____ DATE: _____
Signature of Owner or Authorized Agent Print Name

ADDRESS: _____
Print Number and Name of Street City State Zip Code Phone

E-MAIL ADDRESS: _____

	DEPARTMENT	DATE	APPROVED	DISAPPROVED	AREA/PLANNER OR NOTE
	DEPT. OF PLANNING				
	COMMERCIAL REVITALIZATION				
	FIRE DEPARTMENT				
	HEALTH DEPARTMENT				
	HOUSING INSPECTION				
	MINOR PRIVILEGE				

FEES

ZONING _____

By _____

Date _____

PERMIT FEE	\$
5% TAX	\$
FILING FEE	\$
TOTAL	\$

REFERRALS APPROVED

By _____

Date _____

APPROVED

MICHAEL BRAVERMAN

Building Official – Permits and Code Enforcement
 Construction and Building Inspections

Per _____

Date _____