



ST. MARY’S COUNTY, MARYLAND  
COMMERCIAL PERMIT APPLICATION

Permit Number:

Please complete the information below prior to your submission. This application will be required in order to accept and process your submission.  
ALL INFORMATION MUST BE COMPLETE OR SUBMISSION WILL BE RETURNED TO APPLICANT.

**Owner:**  
Mailing Address:  
  
Phone:  
Email:

**Applicant:**  
Mailing Address:  
  
Phone:  
Email:

**Architect or Engineer:**  
Name:  
Address:  
  
Phone:  
Email:

**Property Information:**  
Street Address *or* Tax ID #: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Grid: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_ Section: \_\_\_\_\_ Block: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Airport Overlay Zone: \_\_\_\_\_ AICUZ: \_\_\_\_\_

**Permit Request (mark all applicable sections ☒ ):**

☐ New Structure  
☐ Renovation  
☐ Addition

☐ Detached Structure  
☐ Demolition  
Year structure was built: \_\_\_\_\_

☐ Change Of Use  
☐ Change Of Occupancy  
☐ Other  
Describe: \_\_\_\_\_

**Business Type:** \_\_\_\_\_  
**Business Name:** \_\_\_\_\_  
**Previous Business Name:** \_\_\_\_\_

**If construction is proposed, please provide *square footage* of ALL applicable sections:**

1<sup>st</sup> Floor: \_\_\_\_\_  
2<sup>nd</sup> Floor: \_\_\_\_\_  
3<sup>rd</sup> Floor: \_\_\_\_\_  
4<sup>th</sup> Floor: \_\_\_\_\_

Detached Garage: \_\_\_\_\_  
Detached 2<sup>nd</sup> Floor: \_\_\_\_\_  
Landing/Stoop: \_\_\_\_\_

Other: \_\_\_\_\_  
Describe: \_\_\_\_\_

**Total Square Footage of Proposed Construction:** \_\_\_\_\_

Y N

**Public Water:** ☐ ☐

Y N

**Public Sewer:** ☐ ☐

**Value of construction:** \_\_\_\_\_

Y N

**Will this project include:**

**Plumbing:** ☐ ☐  
**Electrical:** ☐ ☐  
**HVAC:** ☐ ☐

**Who will complete the construction?** ☐ Contractor: \_\_\_\_\_ ☐ Myself  
Contractor License # \_\_\_\_\_ Plumbing # \_\_\_\_\_ HVACR # \_\_\_\_\_ Electrical # \_\_\_\_\_

**The following must be included with this application:**

☐ Contract of Sale, Lease or Written Notarized Permission to make application if not the property owner.  
☐ Floor Plans showing interior room locations with each room use labeled. - **1 Digital Required For Review**  
☐ Digital submittals are required for all documents. Emailed to: [BPSERVICE@stmaryscountymd.gov](mailto:BPSERVICE@stmaryscountymd.gov)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By making this application, (1) if the applicant is not the owner, they have permission from the owner to make the application (proof may be requested), (2) I agree and consent for employees / agents of St. Mary’s County Department of Land Use and Growth Management to enter upon the land, during normal business hours, to conduct such inspections as may be required or necessary to determine compliance with the Comprehensive Zoning Ordinance.*