



TOWN OF BEL AIR BUILDING PERMITS DIVISION

Stephen D. Kline
Director of Public Works/Building Official

TENANT OCCUPANCY PERMIT CHECKLIST

TENANT SPACE WITH COSMETIC CHANGES ONLY:

- 1.) Complete the Building Permit & Tenant Use & Occupancy Worksheet. If you are not the property owner of record, the Property Owner's Authorization Letter will also be required. (see attached)
- 2.) Submit Worksheet & Owner's Authorization Letter to Building Permits Clerk for the Town of Bel Air.
- 3.) Payment will be due at time of submittal of \$85.00 check payable to Town of Bel Air or cash.

ALL PERMIT APPLICATIONS WITH ATTACHMENTS NEED TO BE SUBMITTED TO:

TOWN OF BEL AIR
705 E. CHURCHVILLE ROAD
BEL AIR, MARYLAND 21014
ATTN: CHRISSY MULLANEY
CMULLANEY@BELAIRMD.ORG



TOWN OF BEL AIR

BUILDING PERMIT AND TENANT USE & OCCUPANCY WORK SHEET

PLEASE CALL (410) 638-4546 OR (410) 879-9507 FOR MORE INFORMATION.

APPLICANT MUST SIGN WORK SHEET.

TOBA #: -

WEBQA #:

ENERGOV #:

APP. DATE:

JOB LOCATION:	SUITE/SPACE NO:	Property Tax # 03-
DESCRIPTION OF WORK:		HISTORICAL DESIGNATION? [] YES [] NO MAY REQUIRE HPC REVIEW

RESIDENTIAL	*** NEW BLDG. []	ADD/Alterations []	COMMERCIAL	New Bldg []	Reno/Alt. []
Single Family []	Townhouse []	Apt/Condo []	Age Restricted? YES [] NO []	NON STRUCTURAL --Tenant U & O Check []	
SQ. FT	Structure Height:	NO OF STORIES:		TENANT NAME:	
EST. COST \$	Water/Sewer	Public	Private		

APPLICANT INFORMATION	APPLICANT NAME (PRINT): OWNER'S AUTHORIZATION LETTER	PHONE NO:	ITEMS FOR SALE OR SERVICES OFFERED:
	COMPANY /CORPORATION NAME:	EMAIL:	
	ADDRESS/STATE/ZIP		
			TYPE OF BUSINESS:

PROPERTY OWNER	PROPERTY OWNER NAME (PRINT):	PHONE NO:	NO. FULL BATHROOMS
	COMPANY/CORP. NAME:	EMAIL:	NO. HALF BATHROOMS
	ADDRESS/STATE/ZIP		NO. OF FIREPLACES

CONTRACTOR INFORMATION	CONTRACTOR NAME (PRINT): IF APPLICABLE	PHONE NO:	NO. OF BEDROOMS
	ADDRESS/STATE/ZIP	EMAIL:	NO. OF PLANS
	COUNTY OR STATE LIC. NO:	HOME BUILDER REGISTRATION NO:	Health Yes/No

IS THIS PERMIT APPLICATION THE RESULT OF A ZONING ENFORCEMENT INVESTIGATION OR STOP WORK ORDER? (Y/N)	DOES THIS REQUEST VIOLATE YOUR COVENANTS OR RESTRICTIONS FOR YOUR PROPERTY? (Y/N)	IS ASBESTOS PRESENT AND IN NEED OF REMOVAL? (Y/N)	Electric Yes/No
			Plumbing Yes/No
			Mechanical Yes/No

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND THE SAME IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN DOING THIS WORK, ALL PROVISIONS OF THE TOWN OF BEL AIR BUILDING CODES AND LAWS OF THE STATE OF MARYLAND WILL BE COMPLIED WITH, WHETHER SPECIFIED OR NOT. I WILL NOTIFY THE TOWN OF BEL AIR TWENTY-FOUR (24) HOURS IN ADVANCE, WHEN I AM READY FOR INSPECTIONS. NO WORK WILL BE CONCEALED UNTIL APPROVED. CONSENT IS HEREBY GIVEN FOR THE ENTRY OF AUTHORIZED INSPECTORS UNTIL THE JOB HAS RECEIVED A FINAL CERTIFICATE OF OCCUPANCY. **NOTE TO APPLICANT/PROPERTY OWNER:** As the authorized applicant/property owner(s), I understand that I am responsible for the proper removal and disposal of **ANY and ALL** construction debris (i.e., tree limbs, stumps, concrete, wood, decking, etc.) generated as a result of this building permit/activity. Town forces **will not remove** or collect any debris generated by the Contractor performing work under this permit.

<p>APPLICANT IS ENCOURAGED TO MAKE A SEPERATE INQUIRY FOR ZONING ISSUES CONTACT PLANNING & ZONING AT 410-638-4540</p> <p>Zoning Official Initials: _____</p>	<p>_____</p> <p>Authorized/Applicant Signature</p>	<p>_____</p> <p>Date</p>
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Harford County Permit Fee	\$ _____
TOBA Permit Fee	\$ _____
HC Health Dept Fee	\$ _____
Total Fee Due	\$ _____

****Note: Sanitary Sewer Charges(SSCI) will be calculated (if applicable) and paid prior to issuance of a building permit****

"EFFECTIVE JANUARY 1, 2025

HARFORD COUNTY CHARGES A NON-REFUNDABLE FEE FOR RESIDENTIAL PERMITS (\$100.00) / COMMERCIAL PERMITS (\$200.00)

THIS FEE IS IN ADDITION TO BUILDING PERMIT FEES AND OTHER FEES



TOWN OF BEL AIR PROPERTY OWNER AUTHORIZATION

I, We, _____, hereby authorize
(Property Owner(s) – Please Print)

_____, representative for _____,
(Applicant's Name) (Company, Firm, Organization)

to make application for a _____ to
(Type of Permit)

(Description of Proposed Work)

at _____.
(Property Location)

Property Owner's Signature

Date

Address: _____

Phone: _____ E-Mail: _____