



TOWN OF BEL AIR BUILDING PERMITS DIVISION

Stephen D. Kline
Director of Public Works/Building Official

RESIDENTIAL ALTERATIONS & RENOVATIONS PERMIT CHECKLIST

- 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.
- 2.) One digital copy is required. If digital is unable to be read than hard copies may be requested.
- 3.) Complete 2021 IECC Residential Energy Efficiency Selection for New Construction (if applicable)
- 4.) Fees will be calculated and due at time of pickup of the approved and issued permit. Payment is payable by cash or check made to the Town of Bel Air.

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

MAKE SURE ESTIMATED COST & SQUARE FEET OF AREA DOING RENOVATIONS OR ALTERATIONS IS FILLED IN ON APPLICATION



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 |
| | | NO. OF BEDROOMS | NO. OF PLANS |

| | | | | |
|-------------------------------|--|-------------------------------|---------------|-----------------|
| CONTRACTOR INFORMATION | CONTRACTOR NAME (PRINT): IF APPLICABLE | PHONE NO: | Health | Electric |
| | ADDRESS/STATE/ZIP | EMAIL: | Yes/No | Yes/No |
| | COUNTY OR STATE LIC. No: | HOME BUILDER REGISTRATION 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) | 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> |
|---|---|---------------------------------|

| | |
|---------------------------|----------|
| 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: _____

2021 IECC Residential Energy Efficiency Selection for New Construction

| Table 1 Select only 1 option. R402.1, R402.1.3 or | |
|--|--|
| <input type="checkbox"/> Option 1. | Enhanced Envelope Performance. |
| <input type="checkbox"/> Option 2A. | More Efficient HVAC Equipment Performance. Greater than or equal to 95 AFUE natural gas furnace and 16 SEER air conditioner. |
| <input type="checkbox"/> Option 2B. | More Efficient HVAC Equipment Performance. Greater than or equal to 10 HSPF/16 SEER air source heat pump. |
| <input type="checkbox"/> Option 2C. | More Efficient HVAC Equipment Performance. Greater than or equal to 3.5 COP ground source heat pump. |
| <input type="checkbox"/> Option 3A. | Reduced energy use in service water heating. Greater than or equal to 0.82 EF fossil fuel service water heating system. |
| <input type="checkbox"/> Option 3B. | Reduced energy use in service water heating. Greater than or equal to 2.0 EF electric service water heating system. |
| <input type="checkbox"/> Option 3C. | Reduced energy use in service water heating. Greater than or equal to 0.4 solar fraction solar water heating system. |
| <input type="checkbox"/> Option 4A. | More efficient duct thermal distribution system option. 100 percent of ducts and air handlers located entirely within the building thermal envelope. |
| <input type="checkbox"/> Option 4B. | More efficient duct thermal distribution system option. 100 percent of ductless thermal distribution system or hydronic thermal distribution system located completely inside the building thermal envelope. |
| <input type="checkbox"/> Option 4C. | More efficient duct thermal distribution system option. 100 percent of duct thermal distribution system located in conditioned space as defined by Section R403.3.2. |
| <input type="checkbox"/> Option 5. | Improved air sealing and Efficient Ventilation System option. |

| Table 3 Select Only 1 Option R405 | |
|--------------------------------------|--|
| <input type="checkbox"/> Option 1. | One of the additional efficiency package options in Table 1 shall be selected without including such measures in the proposed design under Section R405. |
| <input type="checkbox"/> Option 2. | The proposed design of the building under Section R405.3 shall have an annual energy cost that is less than or equal to 95 percent of the annual energy cost of the standard reference design. |

| Table 2 MD Alternative Additional Packages Must select one or more options to meet or exceed 6%. R402.1.3.1 | | |
|--|---|-----|
| <input type="checkbox"/> 1 | ≥ 2.5% reduction in total UA | 1% |
| <input type="checkbox"/> 2 | ≥ 5% reduction in total UA | 2% |
| <input type="checkbox"/> 3 | > 7.5% reduction in total UA | 2% |
| <input type="checkbox"/> 4 | 0.22 U factor windows | 3% |
| <input type="checkbox"/> 5 | High performance cooling system (Greater than or equal to 18 SEER and 14 EER air conditioner) | 3% |
| <input type="checkbox"/> 6 | High performance cooling system (Greater than or equal to 16 SEER and 12 EER air conditioner) | 3% |
| <input type="checkbox"/> 7 | High performance gas furnace (Greater than or equal to 96 AFUE natural gas furnace) | 5% |
| <input type="checkbox"/> 8 | High performance gas furnace (Greater than or equal to 92 AFUE natural gas furnace) | 4% |
| <input type="checkbox"/> 9 | High performance heat pump system (Greater than or equal to 10 HSPF/18 SEER air source heat pump.) | 6% |
| <input type="checkbox"/> 10 | High performance heat pump system (Greater than or equal to 9 HSPF/16 SEER air source heat pump.) | 5% |
| <input type="checkbox"/> 11 | Ground source heat pump (Greater than or equal to 3.5 COP ground source heat pump.) | 6% |
| <input type="checkbox"/> 12 | Fossil fuel service water heating system (Greater than or equal to 82 EF fossil fuel service water heating system.) | 3% |
| <input type="checkbox"/> 13 | High performance heat pump water heating system option (Greater than or equal to 2.9 UEF electric service water heating system.) | 8% |
| <input type="checkbox"/> 14 | High performance heat pump water heating system. (Greater than or equal to 3.2 UEF electric service water heating system.) | 8% |
| <input type="checkbox"/> 15 | Solar hot water heating system (Greater than or equal to 0.4 solar fraction solar water heating system.) | 6% |
| <input type="checkbox"/> 16 | More efficient HVAC distribution system. (100 percent of ductless thermal distribution system or hydronic thermal distribution system located completely inside the building thermal envelope.) | 10% |
| <input type="checkbox"/> 17 | 100% of ducts in conditioned space. (100 percent of duct thermal distribution system located in conditioned space as defined by Section R403.3.2.) | 12% |
| <input type="checkbox"/> 18 | Reduced total duct leakage. (When ducts are located outside conditioned space, the total leakage of the ducts, measured in accordance with R403.3.5, shall be in accordance with one of the following: a. Where air handler is installed at the time of testing, 2.0 cubic feet per minute per 100 square feet of conditioned floor area. b. Where air handler is not installed at the time of testing, 1.75 cubic feet per minute per 100 square feet of conditioned floor area.) | 1% |
| <input type="checkbox"/> 19 | 2 ACH50 air leakage rate with ERV or HRV installed. (Less than or equal to 2.0 ACH50, with either an Energy Recovery Ventilator (ERV) or Heat Recovery Ventilator (HRV) installed.) | 10% |
| <input type="checkbox"/> 20 | 2 ACH50 air leakage rate with balanced ventilation. (Less than or equal to 2.0 ACH50, with balanced ventilation as defined in Section 202 of the 2021 International Mechanical Code.) | 4% |
| <input type="checkbox"/> 21 | 1.5 ACH50 air leakage rate with ERV or HRV installed. (Less than or equal to 1.5 ACH50, with either an ERV or HRV installed.) | 12% |
| <input type="checkbox"/> 22 | 1 ACH50 air leakage rate with ERV or HRV installed. (Less than equal to 1.0 ACH50, with either an ERV or HRV installed.) | 14% |
| <input type="checkbox"/> 23 | Energy Efficient Appliances (Minimum 3 appliances not to exceed 1 form each type with follow efficiencies. Refrigerator Energy Star Program Requirements, Product Specification for Consumer Refrigeration Products, Version 5.1 (08/05/2021), Dishwasher Energy Star Program Requirements for Residential Dishwashers, Version 6.0 (01/29/2016), Clothes Dryer Energy Star Program Requirements, Product Specification for Clothes Dryers, Version 1.1 (05/05/2017) and Clothes Washer Energy Star Program Requirements, Product Specification for Clothes Washers, Version 8.1 (02/05/2018) | 7% |
| <input type="checkbox"/> 24 | Renewable Energy Measure. (See Footnote 4 of Table R408.3 capacity to produce a minimum of 1.0 watt of on site renewable energy per square foot of conditioned floor area.) | 11% |

This document shall become part of the official permit record. Any deviation from the original submittal will require the permit to be amended along with the submission of applicable documentation supporting the new selections. An amending fee of \$120.00 will be assessed at time of submittal.

Project Address: _____

Applicant Signature: _____ Date: _____

Permit Number: _____

Department Approval: _____

Additional documentation received: