



TOWN OF BEL AIR BUILDING PERMITS DIVISION

Stephen D. Kline
Director of Public Works/Building Official

COMMERCIAL ALTERATIONS PERMIT CHECKLIST

TENANT SPACE STRUCTURAL CHANGES:

- 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.) If there is **NO** plumbing, please complete the No Fixture Changes Certification. (see attached)
- 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.
- 5.) All subcontractor permits will be applied for at Harford County DILP located at 220 S. Main Street, Bel Air, MD 21014 once Town of Bel Air Permit is issued. Subcontractor permits will pull their permits at Harford County using Town issued permit number.
- 6.) If food related or Health Dept is needed. Applicant needs to submit separate permit to Health Dept located at 120 S Hays Street, Bel Air, MD 21014. They may also be reached at hchd.inbox@maryland.gov or 410-877-2300. Applicant would deal with them directly.

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
410-638-4546

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 [] NOT []	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		
PROPERTY OWNER	PROPERTY OWNER NAME (PRINT):	PHONE NO:	TYPE OF BUSINESS:
	COMPANY/CORP. NAME:	EMAIL:	
	ADDRESS/STATE/ZIP		
CONTRACTOR INFORMATION	CONTRACTOR NAME (PRINT): IF APPLICABLE	PHONE NO:	No. FULL BATHROOMS
	ADDRESS/STATE/ZIP	EMAIL:	No. HALF BATHROOMS
	COUNTY OR STATE LIC. No:	HOME BUILDER REGISTRATION NO:	No. OF FIREPLACES
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)
			No. OF BEDROOMS
			No. OF PLANS
			Health Yes/No
			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.

APPLICANT IS ENCOURAGED TO MAKE A SEPERATE INQUIRY FOR ZONING ISSUES CONTACT PLANNING & ZONING AT 410-638-4540 Zoning Official Initials:	_____ Authorized/Applicant Signature	_____ Date
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Harford County Permit Fee \$ _____ TOBA Permit Fee \$ _____ HC Health Dept Fee \$ _____ Total Fee Due \$ _____	<p style="text-align: center;">"EFFECTIVE JANUARY 1, 2025"</p> <p style="text-align: center;">HARFORD COUNTY CHARGES A NON-REFUNDABLE FEE FOR RESIDENTIAL PERMITS (\$100.00) / COMMERCIAL PERMITS (\$200.00)</p> <p style="text-align: center;">THIS FEE IS IN ADDITION TO BUILDING PERMIT FEES AND OTHER FEES</p>
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****Note: Sanitary Sewer Charges(SSCI) will be calculated (if applicable) and paid prior to issuance of a building permit****



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: _____



HARFORD COUNTY, MARYLAND
DEPARTMENT OF PUBLIC WORKS
DIVISION OF WATER AND SEWER
(410) 638-3300

No Fixture Changes Certification

Date: _____

Property Address: _____

Permit Number: _____

I hereby confirm and acknowledge that there will be no plumbing fixtures added under the above named building permit, nor are any of the existing plumbing fixtures being changed except where an existing fixture is being replaced in-kind (i.e. same size and capacity).

I also acknowledge that if any fixtures are added, additional Water and Sewer Hookup charges, based upon the type and number of fixtures added, may be due.

Property Owners Information:

Name:

Address:

Phone Number:

Email:

Print Applicant's Name

Signature

Date

Print Property Owner's Name

Signature

Date

Return completed form to:

Mail to: Department of Public Works
Division of Water and Sewer
Attn: W&S Permitting staff
3334 Abingdon Road
Abingdon, Maryland 21009

E-mail to: wspermits@harfordcountymd.gov