

# ZONING PERMIT/CERTIFICATE

*A guide to help you understand the process:*

## FEES:

### Residential \$32 flat fee; Commercial \$128 flat fee

#### What is a Zoning Permit/Certificate?

- City's approval that a property can be used for a proposed business and that it complies with all applicable zoning (and other department) regulations.
- The first step in obtaining a Certificate of Occupancy (no structure shall be occupied without first receiving a Certificate of Occupancy).

#### What a Zoning Permit is NOT!

- NOT approval to open a business.
- NOT approval to use or occupy a structure.
- NOT a permit to do any construction, electrical or plumbing work.
- NOT approval from any agency outside the City government (i.e. County, Health Department, County Liquor Board, State Fire Marshal, State Board of Cosmetology, etc.).

#### When do you need to apply for a Zoning Permit?

- When any business that wants to occupy an existing vacant or previously occupied commercial space within the City limits, but is not doing any construction (i.e.: building, electric or plumbing).
- When there is any change of use (i.e. residence to office, office to retail, retail to processing, etc.).
  - *NOTE:* On occasion, the fire and building codes may require modifications to the building, depending on the nature of the change in use. Under such circumstances, a Building Permit Application will need to be submitted.
- Change in occupancy may also require a zoning permit (i.e. retail book to retail flowers; financial office to professional office, etc.).
  - *NOTE:* If any construction is to be done, a Building Permit Application will need to be submitted. The Building Permit process includes zoning, thereby eliminating the need to apply for a separate Zoning Certificate.

#### Application Submittal

- Complete Zoning Permit Application in entirety
- Provide (4) copies of a site plan of property with parking shown (if interior, show floor plan)
- **For Restaurants & Food Preparation:** Effective March 1, 2006, the City of Frederick Building Dept **WILL REQUIRE**, at the time of submission of application for any permit for new construction and/or renovation to any structure or site relating to restaurants and/or food preparation, a Letter-of-Approval from the Frederick County Health Department.

### How does the process work?

1. Application is filed with the Building Department. *NOTE*: Process takes approximately 15 days pending additional information that may be required of the applicant during review.
2. Copies of the application are distributed to the following entities for review and approval:
  - a. *Planning & Zoning* – Determines if the proposed business complies with the Land Management Code and assures that the proposed business is located in the proper zoning district.
  - b. *Building Plan Review* – Reviews for compliance with the State Rehabilitation Code and makes the applicant aware of any other Codes that may be applicable.
  - c. *City Engineer* – Ensures compliance with any services in the rights-of-way.
  - d. *Fire Protection Engineer* – Reviews for compliance with the State Rehabilitation Code and Life Safety Code as well as making the applicant aware of any other Codes that may be applicable.
3. Any discrepancies or questions from review by the above entities will be faxed or mailed to the applicant.
4. If there are no additional issues to address and approvals are given by each reviewing entity, a Zoning Permit is issued and mailed to the applicant.
5. Applicant/Owner calls for Inspections, as required.
6. A Certificate of Occupancy, which includes the Zoning Certificate, is issued once inspections have passed.

### Are there any inspections required?

YES. Inspections by the Building Inspector and Fire Protection Engineer are required for the purpose of addressing Life Safety issues.

- An inspection request can be made by calling between 7 a.m. – 9:00 a.m. on the same day you would like the inspection performed.
- Once the inspection has been conducted and approved, the Certificate of Occupancy will be mailed to the property owner.

REMEMBER – do not occupy the space until an inspection has been made and this office has issued a Certificate of Occupancy. Non-compliance can result in fines of up to \$400.00 per day for each day the violation exists.

We are here to inform and assist you during this process. If any questions or problems arise, please feel free to contact our offices and we will do our best to help you.

### Office Staff Contacts:

Permits Coordinator	301-600-3829
Permits Technician	301-600-3813
Building Plans Review	301-600-3816/3817
Planning & Zoning	301-600-1499
Building Inspectors	301-600-3818/3819
Fire Protection Engineer	301-600-3827



The City of Frederick, Maryland  
**Building Department**  
 140 W. Patrick St., Frederick MD 21701 / 301-600-3812 / FAX 301-600-3826  
 www.cityoffrederick.com

*FOR OFFICE USE ONLY*  
 App No.: \_\_\_\_\_  
 App Type Code: \_\_\_\_\_  
 Tax ID #: 02- \_\_\_\_\_  
 App Date: \_\_\_\_\_

**ZONING PERMIT APPLICATION**  
 (NEW OCCUPANCY, TEMPORARY OR SEASONAL BUSINESS)

**SECTION 1 – Complete in its entirety. Application will NOT be accepted unless all spaces are FULLY completed.**

Are renovations to this site being performed at this time?  No  Yes\* (If yes, make application using Building Permit Application Form)

This application is for:  New Occupancy  Temporary/Seasonal Business  Other \_\_\_\_\_

<b>Location</b>	Address: _____	Unit #: _____	Bldg #: _____
	Subdivision: _____	Lot #: _____	Zoning: _____
	Proposed Business Name: _____	Proposed Use: _____	
	Previous Tenant Name: _____	Previous Use: _____	

<b>Applicant</b>	Contact Person: _____	
	Company Name: _____	
	Address: _____	
	Phone # _____	FAX # _____
	E-Mail Address: _____	

<b>OPERATION INFORMATION</b>	<b>DESCRIPTION OF USE:</b> _____ _____		
	SF of Building: _____	SF Use of Proposed Space _____	Is Building Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Dates of Operation:</b> _____		<b>Hours of Operation:</b> _____
	<b>WATER USE:</b> <input type="checkbox"/> Water Use Checklist attached* <input type="checkbox"/> Water Service Contract attached, if necessary *Submitted water records for past 6 months minimum or 5 years maximum		
	<b>Parking:</b> Attach drawing/site plan to show parking layout. NOTE: Signage must be applied for separately		<b>Parking Lot/Area:</b> <input type="checkbox"/> Single Use Parking Area <input type="checkbox"/> Multiple Use* <input type="checkbox"/> List attached* *NOTE: If multiple use, attach list of all users and respective SF area for each user
	<b>Number of On-Site Parking Spaces</b> _____		

<b>Other</b>	Final Site Plan Case # _____ Date of Approval: _____
	Site Plan Attached* <input type="checkbox"/> Yes <input type="checkbox"/> No (NOTE: Application will be denied if copy of unconditionally approved site plan is not submitted with application).
	Is Property located in the Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No HPC Case # (if applicable) _____
	Is Property located in the Carroll Creek Overlay? <input type="checkbox"/> Yes <input type="checkbox"/> No HPC/PC Case # (if applicable) _____
	Is Board of Zoning Appeals Approval Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No BZA Case # (if applicable) _____
	Is Property owned by Frederick County? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is Property in the Flood Plain? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is Industrial Waste Water Pre-treatment applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
Is proposed use for Restaurant or other type use for selling and/or preparing food? <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Health Dept Letter Attached *NOTE: If Yes, Letter-of-Approval from Frederick County Health Department is required and <b>MUST</b> be attached	

Applicant/Owner Initial: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Frederick, Maryland  
Building Department  
**ZONING PERMIT APPLICATION**  
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FOR OFFICE USE ONLY  
App No.: \_\_\_\_\_

APPLICANT/OWNER CERTIFICATION: The Applicant/Owner hereby certifies and agrees as follows:

That I am the owner, or authorized by the owner to act in their behalf as the owner's agent to make this Application. That the information given herein is true and correct and that all occupancy under this application will comply with all applicable Federal, State and Local Regulations. That occupancy will be in accordance with and as indicated on the approved site and building plans, review comments, agreements, specifications, etc., unless otherwise approved by the Division Manager of the Building Department. That the Division Manager of the Building Department can revoke the Zoning Certificate or stop occupancy under the Zoning Certificate for non-compliance with the agreement in part or in whole and that **all fees are non-refundable and non-transferable**. I further understand and agree that plans will be reviewed, inspections made and occupancy certificates issued; however, I assume ultimate responsibility for compliance of all codes, regulations, etc.

**Before any structure to which this Certificate is applicable may be occupied or used for any purpose, a Certificate of Use & Occupancy must be obtained**

\*PROPERTY OWNER

SIGNATURE: \_\_\_\_\_  
*\*PROVIDE NOTARIZED AFFIDAVIT FROM PROPERTY OWNER if signed by anyone other than Property Owner*

Property Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**105.3.2 Time limitation of application.** An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**SECTION II (For Office Use Only)**

Zoning Certificate Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

**SECTION III (For Staff Use Only) - REVIEW COMMENTS (Please write legibly)**

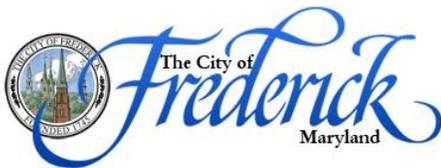
Revised Site Plan Attached     Revised Const'n Plan Attached     Fee Calculations attached     \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By: \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_

Building (Blue)     Planning (Green)     Engineering (Salmon)     Fire Code Review (Yellow)     Other \_\_\_\_\_     Other \_\_\_\_\_

Applicant/Owner Initial: \_\_\_\_\_ Date: \_\_\_\_\_



# Non-Residential Water and Sewer Allocation Application

Please provide the following information to establish a capacity amount for those properties requiring additional water and sewer capacity for Non-Residential development or change in use as provided in the City Code Chapter 25 - Article IX, Water and Sewer Allocation and Impact Fees.

Information is required for boxes marked with an \* below:

<b>Project Information</b>			
*Project Name:			
*Project Address:			
*Contact Name:	*Phone:	Email:	
*Project Type of Use (i.e., restaurant, retail, warehouse):			
*Project New Total Gross Sq. Ft. (or # of units):			
Give a brief description of the proposed project:			
*Does the property have an active water/sewer contract (prior to July 2010) on file?		Yes	No
*If yes, please provide the contract number:			
*Does the project create a need for additional water and sewer capacity?		Yes	No
*If yes, please provide the additional amount here - - > (use one of the methods on the reverse side of this application)		GPD (Gallons Per Day)	
<b>Property Owner Information</b>			
*Property Owner's Name:			
*Property Owner's Mailing Address:			
*City:	*State:	*Zip Code:	
Phone:	Email:		
As legal owner of the above property, I (we) certify by signature below that: 1.) the information provided on this form is correct; 2.) I (we) authorize the requested allocation amount as above; and 3.) I am (we are) fully aware of and shall comply with all requirements, including payment of fees, as found in Chapter 25 - Article IX, Water and Sewer Allocation and Impact Fees, of the City Code.			
*Owner's Signature(s) _____		*Date _____	
<b>For Official Use Only</b>			
Building Permit # _____	Redevelopment ____Y ____N	Baseline Flow _____gpd	
Allocation Granted _____gpd	Allocation Fee Amount \$ _____		
Water IF Due \$ _____	Sewer IF Due \$ _____		
Total Due \$ _____			
Approvals: Utility Eng. Tech: _____ Date _____			

## **Method 1. Allocation Guideline - Flow Capacity Matrix**

<b>TYPE OF DEVELOPMENT</b>	<b>Flow Factor Unit of Measure</b>		<b>Flow Factor</b>		<b>Calculated Flow, gpd</b>
Restaurant > 100 seats	# of Seats	X	18.0	=	
Restaurant < 100 seats	# of Seats	X	13.0	=	
Fast Food/Carryout	Gross Sq. Ft.	X	0.37	=	
General Office Building	Gross Sq. Ft.	X	0.03	=	
Medical Office Building	Gross Sq. Ft.	X	0.07	=	
Laboratory / Office Building	Gross Sq. Ft.	X	0.25	=	
Beauty Salon	Gross Sq. Ft.	X	0.3	=	
Barber Shop	Gross Sq. Ft.	X	0.2	=	
Laundromat	# of Machines	X	180	=	
Hotels/Motel	# of Units	X	100	=	
Garage/Gas Station	Gross Sq. Ft.	X	0.04	=	
Auto Sales/Storage	Gross Sq. Ft.	X	0.03	=	
Warehouse	Gross Sq. Ft.	X	0.005	=	
Bank	Gross Sq. Ft.	X	0.012	=	
Retail Store, stand-alone	Gross Sq. Ft.	X	0.04	=	
Shopping Center	Gross Sq. Ft.	X	0.075	=	
Strip Mall	Gross Sq. Ft.	X	0.085	=	
Supermarket	Gross Sq. Ft.	X	0.1	=	
Day Care Facility	# of Students	X	9.0	=	
Elementary School	# of Students	X	6.0	=	
Middle School	# of Students	X	5.0	=	
High School	# of Students	X	5.0	=	
Church	# of Sanctuary Seats	X	3.0	=	
Club, Social	Gross Sq. Ft.	X	0.02	=	
Domiciliary Care	# of Beds	X	200	=	
Hospital	# of Beds	X	300	=	
Single Family Dwelling (SF)	1 SF	X	250	=	
Town House Dwelling (TH)	1 TH	X	225	=	
Multi Family Dwelling (MF) Apt./Condo	1 MF	X	175	=	

The following conditions will require submittal of proposed water/sewer usage based on an engineering analysis (M.3 below):

- a.) Any use not listed on the above flow matrix and supported with comparable documentation;
- b.) The use of water-intensive equipment, such as cooling towers, irrigation systems, etc.
- c.) Where required as supporting documentation per the City Engineer.

## **Method 2. Comparable Project**

Please attach sufficient documentation to support the amount and similarity of this project to the comparable. Information should include location, size, demand (billing, meter reading, etc.) and dates.

## **Method 3. Engineering Analysis**

Please attach analysis and include all relevant information used such as assumptions, worksheets, source of information, etc. Analysis paperwork must be signed and sealed by a Maryland-licensed Professional Engineer.