



Department of Planning Zoning & Community Development Building Division

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Carrier (Ground): 125 N. Division St., Room 201 Government Office Building Salisbury, Maryland 21801
Phone: 410-548-4810 Fax: 410-548-4941 E-mail: permits@wicomicocounty.org

Application # _____

Submittal Date _____

APPLICATION FOR RESIDENTIAL BUILDING PLAN REVIEW

(Note: Minimum Media accepted will be 11"x17" PDF in landscape orientation)

Fill out all applicable information on this application and submit with 2 Complete sets of drawings showing (Site Plans/ Location of Proposed Construction / Foundation Plans / Floor Plans showing all details of interior elements: such as doors, windows, & fixture locations / Framing Plans showing all structural member sizes, spans, and layouts / Cross Sections / Front, Side, & Rear Elevations / Insulation R-values and Window sizes with U-factors & SHGC, complying with the 2015 IECC)

Method of Energy Code Compliance: **Performance Method** i.e. Rescheck! **Prescriptive Method** Code Minimum

Contact Information:

Applicants Name: _____
Address: _____
Phone #: _____ Fax #: _____
Email: _____

Owners Name: _____
Address: _____
Phone #: _____ Fax #: _____
Email: _____

Contractors Name: _____
Address: _____
Phone #: _____ Fax #: _____
Email: _____

MHIC/MBRC # _____

Project Information:

Project Address: _____

- | | |
|---|---|
| <input type="checkbox"/> New Stick Built Single Family Dwelling | <input type="checkbox"/> Garage |
| <input type="checkbox"/> New Stick Built Two Family Dwelling (Duplex) | <input type="checkbox"/> Sunroom |
| <input type="checkbox"/> Addition to a Single Family Dwelling | <input type="checkbox"/> Deck / Porch |
| <input type="checkbox"/> Modular Home | <input type="checkbox"/> Pole Building |
| <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Shed |
| * <input type="checkbox"/> Alteration / Renovation | * <input type="checkbox"/> Pool & Barrier |
| <input type="checkbox"/> Town House | <input type="checkbox"/> Solar Panels |
| | <input type="checkbox"/> Other |

Type of Heating:

- Electric / HVAC
 Gas Oil

Overall Size of Structure

X

* Project Cost of Construction: \$ _____

Scope of all proposed work: _____

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| | | | | |
|--|----------------------|---|----------------------|--------------------------------------|
| Check if Required: | Sign off Date: | | | |
| <input type="checkbox"/> Building Plans | <input type="text"/> | <input type="checkbox"/> Forest conservation | <input type="text"/> | <input type="checkbox"/> Historic |
| <input type="checkbox"/> Site Plan | <input type="text"/> | <input type="checkbox"/> Soil Conservation | <input type="text"/> | <input type="checkbox"/> Affirmation |
| <input type="checkbox"/> Health Department | <input type="text"/> | <input type="checkbox"/> Flood Plain | <input type="text"/> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Plumbing (Salis/Wic) | <input type="text"/> | <input type="checkbox"/> Zoning | <input type="text"/> | <input type="checkbox"/> 911 Address |
| <input type="checkbox"/> Electric (Pool/Solar) | <input type="text"/> | <input type="checkbox"/> Fire Marshal | <input type="text"/> | <input type="checkbox"/> Impact Fee |
| <input type="checkbox"/> Stormwater | <input type="text"/> | <input type="checkbox"/> Chief Bldg Inspector | <input type="text"/> | <input type="checkbox"/> Signatures |
| <input type="checkbox"/> Critical Area | <input type="text"/> | <input type="checkbox"/> Municipal Permit | <input type="text"/> | <input type="checkbox"/> Payment |

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ESTIMATED COST: _____

PERMIT FEE: _____

MAX WIDTH: _____

MAX DEPTH: _____

STORIES: _____

Room Area Breakdowns:

| | | | | | |
|---------|---------------|---------|---------------|---------|---------------|
| Room 1 | _____ sq. ft. | Room 2 | _____ sq. ft. | Room 3 | _____ sq. ft. |
| Room 4 | _____ sq. ft. | Room 5 | _____ sq. ft. | Room 6 | _____ sq. ft. |
| Room 7 | _____ sq. ft. | Room 8 | _____ sq. ft. | Room 9 | _____ sq. ft. |
| Room 10 | _____ sq. ft. | Room 11 | _____ sq. ft. | Room 12 | _____ sq. ft. |
| Room 14 | _____ sq. ft. | Room 15 | _____ sq. ft. | Room 16 | _____ sq. ft. |

Single Family Dwelling Area Breakdowns:

Heated Areas: 1st. Floor: _____ sq. ft. 2nd. Floor: _____ sq. ft. 3rd. Floor: _____ sq. ft.
Basement: _____ sq. ft. Other: _____ sq. ft. **Total:** _____ sq. ft.
x 70 80 90 = \$ _____ aaaaaa est. c.o.c.

Non Heated Accessory Areas: Garage: _____ sq. ft. Basement: _____ sq. ft. Deck: _____ sq. ft.
Porch: _____ sq. ft. Other: _____ sq. ft. **Total:** _____ sq. ft.
x 20 = \$ _____ aaaa est. c.o.c.

Accessory Structure Area Breakdowns:

Structure 1: _____ sq. ft. Structure 2: _____ sq. ft. Structure 3: _____ sq. ft.
Total: _____ sq. ft.
x 20 = \$ _____ aaaa est. c.o.c.