



Department of Planning Zoning & Community Development Building Division

Mail: 125 N. Division St., Room 201 Government Office Building Salisbury, Maryland 21801 or P.O. Box 870, Room 201 Salisbury, Maryland 21803

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

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)

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

Contact Information:

Applicants Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Owners Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

Contractors Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____

MHC/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 | <input type="checkbox"/> Sunroom |
| <input type="checkbox"/> Addition to a Single Family Dwelling | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Modular Home | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> Pole Building |
| <input type="checkbox"/> Alteration / Renovation | <input type="checkbox"/> Shed |
| <input type="checkbox"/> Town House | <input type="checkbox"/> Pool & Barrier |
| <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: \$ _____

FOR OFFICIAL USE ONLY

Prerequisites:

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="text"/>
<input type="checkbox"/> Site Plan	<input type="text"/>	<input type="checkbox"/> Soil Conservation	<input type="text"/>	<input type="checkbox"/> Affirmation	<input type="text"/>
<input type="checkbox"/> Health Department	<input type="text"/>	<input type="checkbox"/> Flood Plain	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>
<input type="checkbox"/> Plumbing (Salis/Wico)	<input type="text"/>	<input type="checkbox"/> Zoning	<input type="text"/>	<input type="checkbox"/> 911 Address	<input type="text"/>
<input type="checkbox"/> Electric (Pool/Solar)	<input type="text"/>	<input type="checkbox"/> Fire Marshal	<input type="text"/>	<input type="checkbox"/> Impact Fee	<input type="text"/>
<input type="checkbox"/> Stormwater	<input type="text"/>	<input type="checkbox"/> Chief Bldg Inspector	<input type="text"/>	<input type="checkbox"/> Signatures	<input type="text"/>
<input type="checkbox"/> Critical Area	<input type="text"/>	<input type="checkbox"/> Municipal Permit	<input type="text"/>	<input type="checkbox"/> Payment	<input type="text"/>

FOR OFFICIAL USE ONLY

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:

<u>Heated Areas:</u>	1st. Floor:	_____	sq. ft.	2nd. Floor:	_____	sq. ft.	3rd. Floor:	_____	sq. ft.
	Basement:	_____	sq. ft.	Other:	_____	sq. ft.	Total:	_____	sq. ft.

<u>Non Heated Areas:</u>	Garage:	_____	sq. ft.	Basement:	_____	sq. ft.	Deck:	_____	sq. ft.
	Porch:	_____	sq. ft.	Other:	_____	sq. ft.	Total:	_____	sq. ft.

Accessory Structure Area Breakdowns:

Structure 1:	_____	sq. ft.	Structure 2:	_____	sq. ft.	Structure 3:	_____	sq. ft.
						Total:	_____	sq. ft.