



DIVISION OF PERMITS AND INSPECTIONS
 80 West Baltimore Street
 Hagerstown, Maryland 21740-6003
 P: 240-313-2460 F: 240-313-2461

Intent of Use Form

As part of filing a permit application for new structures, additions or revisions for non-residential projects, this form shall be completed to determine if there is a change in use of building occupancy in accordance with the Washington County Building Code (IBC).

PROPERTY OWNER INFORMATION

Name: _____
 Address: _____
 Phone No.: Office: _____ Cell: _____ E-mail: _____

PROPERTY SUMMARY DATA

PROPERTY ADDRESS: _____ Property Tax ID No.: _____
 Map: _____ Block: _____ Parcel: _____ Parcel Size/Acreage: _____
 ZONING DISTRICT: _____
 IS PROPERTY CURRENTLY OCCUPIED? YES NO IF NO, WHEN WAS BUILDING/PROPERTY VACATED? _____

LAST APPROVED TENANT INFORMATION

NAME OF LAST APPROVED TENANT: _____
 PREVIOUS USE OF PROPERTY: Retail Warehouse Industrial Office Restaurant Church Residential
 Other – Describe: _____
 DOES PREVIOUS TENANT HAVE AN APPROVED SITE PLAN? YES NO
 PROVIDE **DETAILED** HISTORY OF THE USE OF THE BUILDING/PROPERTY BY LAST TENANT: (**Attach separate sheet if necessary**)

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Number of Employees _____
 Hours of Operation _____
 Gross Floor Area of Building(s) _____
 Number of Floors _____

PROPOSED TENANT INFORMATION

NAME OF PROPOSED BUSINESS: _____

PROPOSED USE OF PROPERTY BY NEW TENANT: Retail Warehouse Industrial Office Restaurant Church Residential

Other – Describe: _____

ATTACH AN “**AS IS**” FLOOR PLAN OF THE TENANT SPACE AND A FLOOR PLAN OF HOW THE PROPOSED TENANT WILL OCCUPY THE SPACE. FLOOR PLANS SHOULD INCLUDE LOCATION OF INGRESS/EGRESS, WINDOWS, ROOM DESIGNATIONS SUCH AS RESTROOM, OFFICE, WAREHOUSE, ETC.

PROVIDE DETAILS AS TO HOW THE BUILDING/PROPERTY WILL BE USED. BE SPECIFIC IN DESCRIBING SPECIAL PROCESSES, ROOMS, SUCH AS PAINT BOOTHS, HAZARDOUS MATERIALS, ETC. (**Attach separate sheet if necessary**)

Does the building have (or will have) a fire suppression system? Yes _____ No _____

NOTE: The Office of the Maryland State Fire Marshal is a required reviewing agency of non-residential building permit applications for compliance with the State Fire Prevention Code. For information regarding their requirements please contact them at 301-766-3888.

Number of Employees _____
Hours of Operation _____
Gross Floor Area of Building(s) _____
Number of Floors _____

I hereby certify that I have accurately provided the above requested information. I further understand that any information that is inaccurate or incomplete may delay and/or prevent the issuance of a building permit.

DATE

SIGNATURE OF OWNER/APPLICANT