



**City of Annapolis**  
Department of Planning and Zoning  
145 Gorman Street Fl 3  
Annapolis, MD 21401-2529

[Permitting@annapolis.gov](mailto:Permitting@annapolis.gov) • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Use Permit Application Instructions

### Steps of the process:

1. Research the property and building prior to signing a lease or purchasing the property.
  - a. Contact the Department of Planning and Zoning to confirm that the proposed use is permitted in that location by the City Code;
  - b. You may schedule a preliminary inspection with the building inspector to determine if the building meets current code and what necessary work will be needed to open your business.
2. Submit the application for Use Permit with the required fee.
  - a. If a building permit is necessary, submit Use Permit application at the same time as the building permit application;
  - b. Otherwise, submit prior to opening your business.
3. Schedule inspection for use & occupancy.
  - a. The structure must have passed all final inspections (i.e. building, electrical, plumbing, mechanical, fire, etc.);
  - b. The premises should be set up for business, but prior to the official opening;
  - c. Call at least a week ahead of time so that your inspection can be scheduled with all applicable inspectors who will need to be there.
4. Be present at the inspection.
  - a. The inspectors will notify you at this time if additional work is needed before you open your business;
  - b. You cannot open your business until you have passed all inspections.
5. Use Permit will be issued after all applicable inspectors have signed off.
  - a. You will receive your certificate in the mail after your successful inspection;
  - b. The certificate should be displayed in a prominent location in your business.
6. Please note that, per City Code [Section 17.28.090](#), any expansion or change in use may be subject to Capital Facility Assessment charges.

### Basic check list

The following check list is not inclusive but is intended to aid the Business Owner in preparing for the inspection. Once you have verified that this list is complete, call the Zoning Enforcement Officer (phone number on next page) to schedule your Use and Occupancy Inspection.

1. Install handrails on stairs.
2. All egress doors must operate correctly.
3. Electrical service adequate for the business.
4. Existing wiring suitable for intended use
5. Assure that the existing system has no: overloaded circuits, damaged insulation on conductors, exposed live conductors.
6. Assure that the existing system's over-current protection is in good working order and junction boxes are covered.
7. Emergency lights and exit lights required. Must be in good working condition.
8. Fire extinguisher(s) must have current inspection certification. Minimum of 1 - 10 lb. fire extinguisher for every 3000 sq. ft.
9. Maintain a minimum 36" to 44" exit access. Distance will depend on size of exit doorway.

10. Maintain a minimum 18" clearance from top of storage to bottom of sprinkler head.
11. Maintain a 3' area around electrical equipment.
12. Maintain good housekeeping area around mechanical equipment.
13. Provide adequate handicapped toilet facilities.
14. Provide hot and cold potable water to all hand sinks.
15. Provide all necessary back-flow protection devices for all equipment connected to the potable water supply.
16. Provide a properly vented exhaust fan for all toilet rooms.
17. Install or bring up to grade a 4" cast iron sanitary clean-out at the property line.
18. Any unused storage tanks must be removed, unless otherwise approved. All tank work must be completed under a Petroleum Storage Tank Permit.

**A change of use requires the building or space to meet all of the existing codes.**

Note: Additional inspection criteria apply to *places of assembly, commercial repair garages/storage of vehicles, health care facilities/doctor's offices, and restaurants*. Check lists are available.

**Contacts**

City hours 8:30 a.m. – 4:30 p.m.

Permitting	410-260-2200, ext.:
Zoning Enforcement Officer	7768
Mechanical/Life Safety Inspector	7764
Building Inspector	7808
Electrical Inspector	7744
Plumbing/Utility Inspector	7765
Fire Battalion Chief	7807
Pretreatment Program	7755
Alcoholic Beverage Licensing	410-263-7942, ext 7030

Anne Arundel County, hours 8:00 a.m. to 4:00 p.m.

Health Department	410-222-7238
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FOR CITY USE ONLY
CERTIFICATE # _____

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### Use Permit Application

Location Address \_\_\_\_\_ Floor \_\_\_\_\_ Suite \_\_\_\_\_

Property Owner Information	Occupant Information
Name _____	Business Name _____
Company _____	Owner/Manager _____
Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Day phone _____ Cell _____	Day phone _____ Cell _____
E-mail _____	E-mail _____

**Business Details**

Is there a building permit associated with this application?      No      Yes      If yes, Permit # \_\_\_\_\_

**A final building inspection does not allow occupancy!**

Type of business \_\_\_\_\_

Specific use of premises. See [Use Tables](#) \_\_\_\_\_

Please check which is applicable:

- New business at this site. - *This means that this is a new business and new location.*
- New owner of existing business. - Same business location and same name with new owner.
- New location for an existing business. - Your business has been in existence but this is a new location.

Address of previous location \_\_\_\_\_

Other, Please describe \_\_\_\_\_

Anticipated occupancy date (Inspection) **Please call to schedule.** \_\_\_\_\_

**It is illegal to conduct business in the City of Annapolis without a valid use and occupancy permit.**

Total sq. ft. of business \_\_\_\_\_ Number of employees \_\_\_\_\_

Typical business hours \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone number \_\_\_\_\_

**Previous use in building**

Name of business \_\_\_\_\_

Type of business \_\_\_\_\_

Total sq ft of business \_\_\_\_\_ Date previous use ceased \_\_\_\_\_

**Parking**

Number of commercial vehicles parked onsite \_\_\_\_\_  
 Total number of off-street parking spaces \_\_\_\_\_ Number assigned to business \_\_\_\_\_  
 Number of spaces leased elsewhere \_\_\_\_\_ Where? \_\_\_\_\_  
 Have you requested a Parking Waiver?      No      Yes      Request Number \_\_\_\_\_

**Food and Beverage Related Uses**

Site and floor plans for the use are required pursuant to [Chapter 21.22](#). The plans must show seating, trash, kitchen equipment, and parking. These plans will be utilized for your inspection. Revised plans will be required for any changes.

Please submit a letter addressing the [standards](#).

Number of seats \_\_\_\_\_

Sale of alcoholic beverages?      No      Yes

**Trash/Refuse Removal**

New      Existing      Provide name of contractor \_\_\_\_\_

Will there be a trash/refuse enclosure?      No      Yes

Wastewater/Pretreatment Permits are required by Public Works for some uses. The [application and fees](#) must be submitted to them before the Use Permit can be issued.

**Fees**

See the [Fee Schedule](#) on the website.

**Owner/Agent Certification**

I hereby certify that I am the business owner/tenant or authorized agent qualified to complete this application and the facts and declarations of intent set forth above are true and are intended to be relied upon by the established officials of the City of Annapolis. I have also read and understand the Steps of the Process as outlined in the Application Instructions.

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CITY USE ONLY**

Permitted use \_\_\_\_\_ Scheduled date and time \_\_\_\_\_

Use subject to standards \_\_\_\_\_ Food service - approved number of seats \_\_\_\_\_

Special exception \_\_\_\_\_ Resolution # \_\_\_\_\_

Zone \_\_\_\_\_ Approved for zone \_\_\_\_\_ Ward \_\_\_\_\_ Permit # \_\_\_\_\_

Special conditions \_\_\_\_\_

*Departmental Signatures*

*Date*

Planning & Zoning	_____	_____
Building	_____	_____
Electrical	_____	_____
Plumbing	_____	_____
PW Pre-Treatment	_____	_____
Fire Marshal	_____	_____
Health Department	_____	_____