

# COMMERCIAL ALTERATIONS CUSTOMER ASSISTANCE GUIDE



Charles County Government

Department of Planning & Growth Management

P.O. Box 2150

La Plata, MD 20646

(301) 645-0692 / (301) 870-3935

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Web Site: [www.charlescountymd.gov](http://www.charlescountymd.gov)



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**CHARLES COUNTY GOVERNMENT  
PLANNING AND GROWTH MANAGEMENT  
P.O. BOX 2150  
LA PLATA, MARYLAND 20646**

January 5, 2015

**WHEN IS A BUILDING PERMIT REQUIRED FOR THE ALTERATION OF A COMMERCIAL OR INDUSTRIAL BUILDING?**

A building permit is required for alterations, repairs, and change of occupancy classification for all commercial or industrial buildings.

A permit is not required for ordinary repairs to structures. Such repairs shall not include the cutting away of any wall, partition, or portion thereof, the removal or cutting of any structure beam or load bearing support, or the removal or change of any required means of egress, or rearrangement of parts of a structure affecting the egress requirements.

**PROCEDURE TO OBTAIN A BUILDING PERMIT FOR COMMERCIAL ALTERATIONS, REPAIRS, OR CHANGE OF OCCUPANCY:**

1. APPLICATION: Complete attached building permit application signed by the property owner or the authorized agent (Attachment1).
2. Planning & Design Review Board: Submit one (1) copy of the PDRB approval if the property is located in the Planned Unit Development (PUD) Zone in St. Charles (see Zoning, pages 2 & 3).
3. Utility Permit: Submit one (1) completed utility permit application signed by the property owner and a Maryland Registered Master Plumber if a new water and/or sewer connection to County maintained facilities will be made. Applications may be obtained from Codes, Permits, and Inspection Services (301-645-0692).
4. Charles County Pretreatment Program Wastewater Discharge Permit Application: An application is required to be completed as part of all commercial permit applications for new construction, additions, alterations, and change of occupancy that are connected to public sewer (See Attachment 2).
5. Cross Connection Control Permit Application (Attachment 3): This application is part of the Charles County Cross Connection Control Program adopted by the County Commissioners in Bill 2005-20 which was effective November 17, 2005. The program applies only to structures connected to the Charles County Government water distribution system. The application must be completed and signed by the owner or authorized agent.

6. Architectural Drawings: Provide two (2) sets of architectural drawings with original seal and signature by a Maryland Registered Architect. **The following statement must be provided on all architectural drawings: “I certify that these documents were prepared by or approved by me and that I am a duly licensed architect under the laws of the State of Maryland, license number \_\_\_\_\_, expiration date \_\_\_\_\_.**
  
7. Engineering Designs: Provide two (2) sets of structural, mechanical, electrical, and plumbing designs with original seal and signature by a Maryland Registered Professional Engineer. **The following statement must be provided on all engineered designs: “I certify that these documents were prepared by or approved by me and that I am a duly licensed professional engineer under the laws of the State of Maryland, license number \_\_\_\_\_, expiration date \_\_\_\_\_.**

Provide vicinity map and a key plan denoting the location of the proposed space within a complex or shell. Provide design criteria and code analysis including the following:

- A. Construction Classification
- B. Use Group Classification
- C. Design Occupant Load
- D. Suppression System
- E. Design Code – 2012 IBC or 2012 IEBC
- F. Specifications and Procedures
- G. Calculate & specify the total square footage of each floor area
- H. Energy Code Analysis with original seal and signature by a Maryland Registered Professional Engineer
- I. Fire resistance rating of structural elements, size and arrangements of exits, corridors and aisles; location and description of fire protective signaling and detection devices; design capacity of elements of means of egress; and type of suppression system.
- J. Submission of Energy Conservation Worksheets. See attached Appendix EE.

**NOTE:** The items listed in the required code analysis may be waived by the permit processing supervisor on a case by case basis.

### **Zoning**

1. Specify the intended use of the structure on the permit application. All proposed structures must meet zoning requirements.
  
2. If your property is located within the commercial or industrial parks of the Smallwood Village or Westlake Planned Unit Development (PUD) – Hampshire, Lancaster, Dorchester, Fairview Village, and any future neighborhoods; you must obtain PDRB approval. You may contact them at:

236 Smallwood Village Center, Waldorf  
Telephone number: 301-870-4304

3. Site Design and Architectural Review Board Approval: If your property is located in the Village Commercial (CV), Neighborhood Commercial (CN), Community Commercial (CC), Central Business (CB), Business Park (BP), General Industrial – High Visibility (IG), and Heavy Industry – High Visibility (IH) zones, SDARB approval may be required for site development plans and architectural elevations. For more information, you may contact the Planning Department at 301-645-0540.

### **Other Permits**

1. Food Service: If the proposed use includes food service, a food service facility license must be obtained from the Environmental Health Department. For more information, contact the Health Department at 301-609-6900.
2. Well/Septic: If the property is served by individual well and/or on-site sewage disposal system, contact the Environmental Health Department at 301-609-6900 for specific submittal requirements.
3. Plumbing Permit: **Prior** to commencement of any plumbing and/or gas work, a plumbing permit shall be obtained from Codes, Permits, and Inspection Services. The plumbing permit application shall be signed by a Maryland Registered Master Plumber. The building permit must be issued before obtaining the plumbing permit.
4. Electrical Permit: **Prior** to commencement of electrical work, an electrical permit shall be obtained from Codes, Permits, and Inspection Services. The electrical permit application shall be signed by a Master Electrician licensed by the Board of Electrical Examiners and Supervisors of Charles County.
5. Mechanical Permit: **Prior** to commencement of any mechanical (HVAC) work, a mechanical permit shall be obtained from Codes, Permits, and Inspection Services. The mechanical permit application shall be signed by a Maryland Registered Master HVAC Contractor.
6. Sign Permit: A sign permit needs to be obtained when the applicant intends to erect either a wall mounted or free standing sign. The required sign permit application may be obtained from Codes, Permits, and Inspection Services. Questions regarding zoning sign permits may be directed to Codes, Permits, and Inspection Services at 301-645-0692.

### **Fees** **Fees are subject to change every July 1.**

Please make checks payable to Charles County Commissioners.

1. Application Fee: A \$106.00 non-refundable application fee is due when you apply for your permit.
2. Plan Review Fee: \$.044 per square feet of the gross building area of the alteration. The minimum plan review fee is \$53.00. This non-refundable fee is due when you apply for your building permit.
3. Inspection Fee: Due at permit issuance  
\$.080 per sf, \$182.00 minimum
4. Plumbing Fees:  
Application Fee: \$19.00  
Inspection Fee: \$206.00 minimum plus \$14.00 for each fixture over five
5. Electrical Fees:  
Application Fee: \$22.00  
Inspection Fee: Contact Codes, Permits, and Inspection Services at 301-645-0692 for a current copy of the inspection fee schedule.
6. Mechanical Fees:  
Application Fee: \$19.00  
Inspection Fee: \$177.00 minimum plus \$.013 for each BTU and \$8.00 per A/C tonnage
7. Utility Fee: Utility fees are assessed on property served by public water and/or sewer. This fee shall be paid when obtaining the building permit. For a determination of the fee amount, contact the Water/Wastewater Permit Technician at 301-645-0726.
8. Wastewater Discharge Permit (for property served by County sewer):  
Application Fee: \$16.00                      Inspection Fee: \$99.00
9. Cross Connection Permit (for property served by County water):  
Application Fee: \$16.00                      Inspection Fee: \$104.00
10. Well and/or Septic Fee: Contact the Environmental Health Department at 301-609-6900 for application and fee amounts.
11. A 4% Technology Fee surcharge will be added to all permits issued after July 1, 2014.

## **Other Requirements**

1. **Structural Loads:** All alterations or repairs to commercial buildings or structures shall be designed to meet or exceed the structural loads as referenced in the 2012 International Existing Building Code for existing structures **more** than one (1) year old. For alterations or repairs to existing structures **less** than one (1) year old, the 2012 International Building Code shall be referenced. The construction documents shall specify the design data for floor and roof live loads, roof snow load, wind load, earthquake design data, and other loads as specified by the above referenced codes.

The following information is provided for the convenience of the designer:

1. Minimum ground snow load: 25 PSF
  2. Minimum basic wind speed: 90 MPH
  3. Maximum considered earthquake ground motion: 20% gravity for 0.2 sec spectral response acceleration; 7% gravity for 1.0 sec spectral response acceleration
2. **Special Inspections:** Special inspections are required for certain types of construction as prescribed in Section 1704 of the 2012 International Building Code. The special inspectors shall be provided by the owner and shall be qualified and approved for the inspection of the work.

A statement of special inspections shall be submitted at the time of permit application. The statement shall include a list of materials and work requiring special inspections, the inspections to be performed, and a list of individuals, approval agencies, and firms intended to be retained for conducting the inspections.

## **Contractor License Requirement**

Maryland State Contractors License or a Maryland Home Improvement Commission License

A Maryland State Contractors License may be obtained at the Charles County Courthouse.

## **Codes, Permits, and Inspection Services Form**

**Use and Occupancy Certificate:** This certification shall be obtained from Codes, Permits, and Inspection Services **prior** to using or occupying a building or structure. When requesting a Use and Occupancy Certificate, submit the orange final inspection card signed by the required inspectors.

## **Codes and Regulation Standards for Construction in Charles County**

See Attachment 4.

The following is a list of commonly requested telephone numbers for State and County agencies:

- Health Department ..... 301-609-6900  
Web Site ..... [www.charlescountyhealth.org](http://www.charlescountyhealth.org)
  
- Inspection Agency ..... 301-645-3302  
Building, Electrical, Plumbing, & Mechanical Inspections ..... 301-870-8710  
Web Site ..... [www.planchekinc.com](http://www.planchekinc.com)
  
- Planning & Growth Management  
Codes, Permits, & Inspection Services ..... 301-645-0692 or 301-870-3935  
Planning & Zoning ..... 301-645-0540 or 301-870-3896  
Engineering ..... 301-645-0618 or 301-870-3937  
Fax ..... 301-645-0575  
Web Site ..... [www.charlescountymd.gov/pgm](http://www.charlescountymd.gov/pgm)
  
- Soil Conservation ..... 301-934-9588, Ext 3 or 301-870-3555  
Web Site ..... [www.charlesscd.com](http://www.charlesscd.com)
  
- State Highway Administration ..... 1-800-876-4742 or 410-333-1350  
Web Site ..... [www.marylandroads.com](http://www.marylandroads.com)
  
- State Fire Marshal ..... 443-550-6820  
Web Site ..... [www.firemarshal.state.md.us](http://www.firemarshal.state.md.us)

**Mission Statement**

The mission statement of Charles County Government is to provide our citizens the highest quality service possible in a timely, efficient, and courteous manner. To achieve this goal, our government must be operated in an open and accessible atmosphere, be based on comprehensive long – and short – term planning, and have an appropriate managerial organization tempered by fiscal responsibility.

**Vision Statement**

Charles County is a place where all people thrive and businesses grow and prosper;  
where the preservation of our heritage and environment is paramount;  
where government services to its citizens are provided at the highest level of excellence;  
and where the quality of life is the best in the nation.



Charles County Government  
 Department of Planning and Growth Management  
 200 Baltimore Street, P.O. Box 2150, La Plata, MD 20646  
 (301) 645-0692 or (301) 870-3935 Fax: (301) 645-0575  
[www.charlescounty.org](http://www.charlescounty.org)  
 Inspections: (301) 870-8710 or (301) 645-3302

<b>FOR OFFICE USE ONLY</b>	
Date Received:	_____
Permit Number:	_____
Revision To:	_____
Plans on File #:	_____
Same Day:	Y or N
Time Received:	_____

**BUILDING AND ZONING PERMIT APPLICATION**

Property Tax Number	OR	Tax Map	Parcel	Grid
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Property Owner(s) Name	Address/E-Mail Address	City, State	Zip	Phone No.
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Applicant(s) Name	Address/E-Mail Address	City, State	Zip	Phone No.
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Contractor's Name	Address/E-Mail Address	City, State	Zip	Phone No.
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MD Homebuilders Registration No.	MD Home Improvement No.	MD State License No.
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Job Address (ADC Map #, House #, Street, City, etc.) \_\_\_\_\_

Subdivision Name	Lot No.	Section	Block	Acreage
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General Description of Work and Intended Use: \_\_\_\_\_

Total Disturbed Area	Flood Plain Elevation	Front Yard Setback	Rear Yard Setback	Right Yard Setback	Left Yard Setback
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State Road: <input type="checkbox"/> Yes <input type="checkbox"/> No	Chesapeake Bay Critical Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stormwater Management:
County Road: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resource Protection Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Provided <input type="checkbox"/> Exempt <input type="checkbox"/> Waived
PDRB Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Development District: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Floor Area: _____	No. of Full Bathrooms: _____	Public: <input type="checkbox"/> Water <input type="checkbox"/> Sewer	Related Permits Required:
No. of Stories: _____	No. of 1/2 Bathrooms: _____	Private: <input type="checkbox"/> Well <input type="checkbox"/> Septic	Electrical: <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms: _____	Rough-In Only: _____	Food/Drink: <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing: <input type="checkbox"/> Yes <input type="checkbox"/> No

Estimated Construction Cost (Building Cost Only):	Commercial Business Trading As:
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Application Fee:	_____
Plan Review Fee:	_____
Soil Conservation Fee:	_____
Inspections:	_____
	_____
Total:	\$ _____
Name on Check:	_____

**Treasurer's Validation**

**CAUTION:** I/we have carefully examined and read this application and know the same is true and correct. I/we are also aware that whoever is indicated as the OWNER assumes full responsibility for this application and for the construction and will comply with all provisions of the Charles County ordinances and State laws whether herein specified or not. I/we further understand that to start construction before a building permit is issued and to use and occupy the premises before a Use and Occupancy Certificate is obtained is in violation of the law.

Signature of <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent	Printed Name	Date	Permit Specialist Initials
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CHARLES COUNTY PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE PERMIT APPLICATION

*Please answer all questions. Indicate "N/A" if the question does not apply to your business. If you have questions concerning this application, please call (301) 609-5632 Monday thru Friday 8:00 a.m. to 2:30 p.m.*

WHO MUST APPLY?

- A Wastewater Discharge Permit Application is required for all businesses that discharge industrial (non-residential) waste that requires pretreatment before discharge to the County sewers.

GREASE INTERCEPTORS

- Any businesses that may potentially discharge fats, oils and greases (FOG) need to pretreat their discharge with a grease interceptor (G/I). This includes restaurants, food prep areas in churches, shops and schools, and food processing industries. ***The 1998 Water and Sewer Ordinance stipulates that a minimum 2,000 gallon grease interceptor is required for all food handling businesses.*** This includes everything from a simple hot dog roller to full service restaurants. No exceptions. If you are in doubt about whether you are required to have an interceptor, please call the pretreatment technician at (301) 609-5632.

BOX 2 INFORMATION

- Please indicate whether your business is regulated under federal law by 40 CFR parts 401 thru 471. These are the pretreatment regulations in the federal law. Please note that these regulations are self-implementing. This means that it is your responsibility to notify the County if you are subject to any of these regulations. Failure to notify the County is a violation of both federal and local laws and may subject you to legal action. You may find the pretreatment regulations at <http://www.epa.gov/docs/epacfr40/chapt-I.info/subch-N.htm>.
- List your NAICS (North American Industrial Code System) code. NAICS codes replace SIC (Standard Industrial Code) codes. If you do not know your NAICS code, you may find it at <http://www.census.gov/epcd/www/naicstab.htm>.
- Please indicate the estimated water usage in Gallons Per Day (GPD). Existing locations may want to refer to their water bills if billed separately.
- Describe the nature of the wastewater discharge. For example: dishwashing, equipment washing, vehicle washing, product manufacturing, photo processing, etc.
- Check any of the listed equipment or systems you have or will have on the premises. Note that bulk chemical storage will require a separate Spill Control Plan.

### BOX 3 INFORMATION

- Indicate the type of business you will be conducting. If you check "OTHER", please write the type of business in the space provided.
- Briefly describe your business function for the business in question 1. For example: doctor's office with x-ray machine, fast food restaurant, drug store with photo processing, automotive repair shop, printing shop, etc.
- List the raw materials or foods that your business will use (if any). For example: inks, cellulose fiber, live crabs, fried chicken, photo developer and fixer, etc. Use additional sheets if necessary.
- List your normal business hours.
- For restaurants, please estimate the number of meals you will serve during peak hour and the number of meals served daily. Please indicate the maximum seating capacity for restaurants.
- Indicate whether an existing grease interceptor is on the premises and if so, its size in gallons. Please note that a 2,000 gallon capacity interceptor is the minimum requirement. Existing interceptors which are less than a 2,000 gallon capacity will have to be upgraded or replaced to meet the minimum requirement.
- If the name of the previous business at this location is known, please indicate that name.

# CHARLES COUNTY, MARYLAND PRETREATMENT PROGRAM WASTEWATER DISCHARGE PERMIT APPLICATION

Charles County Government, P.O. Box 2150, 200 Baltimore Street, La Plata, MD 20646

**Section 4.6 of the Charles County Water and Sewer Ordinance regulates the discharge of wastewater to the County's sanitary sewer system. All users that have the potential to discharge into the County's sanitary sewer system are required to complete this form.**

WDP Permit Number: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_ Date Received: \_\_\_\_\_

Please answer all questions. Indicate "N/A" if the question does not apply to your business. See reverse of this form for additional information. Use additional sheets of paper if necessary. Incomplete or unreadable applications or those without an original signature will be returned and will considerably delay the processing of your permit. If you have questions concerning this application, please call (301) 609-5632 Monday thru Friday 8:00 a.m. to 2:30 p.m. Please allow a minimum of 30 days for processing.

1. Is this Property connected to the Charles County Sewer System? - Yes - No If no, **STOP**. This form is complete

## 2. WATER USAGE/DISCHARGE INFORMATION

Est. daily water usage: - 0 - 24,999 GPD - 25,000 GPD or greater

Nature of discharge: \_\_\_\_\_

**Indicate if you have (or will have) one or more of the following:**

- |  |       |      |
|--|-------|------|
| Floor drains .....                           | - Yes | - No |
| Sewer discharge other than sanitary waste .. | - Yes | - No |
| Oil/flammable liquids .....                  | - Yes | - No |
| Silver recovery units .....                  | - Yes | - No |
| Neutralization system(s) .....               | - Yes | - No |
| Grit/solids .....                            | - Yes | - No |
| Metal milling/plating/finishing .....        | - Yes | - No |
| Chemical etching/washing .....               | - Yes | - No |
| Dishwasher .....                             | - Yes | - No |
| Food grinder/garbage disposal .....          | - Yes | - No |
| Deep fryer .....                             | - Yes | - No |
| Grill/griddle/stove .....                    | - Yes | - No |
| Animal/vegetable grease .....                | - Yes | - No |
| Bulk chemical storage .....                  | - Yes | - No |

**(Also requires a Spill Prevention Plan)**

Is any part of this business regulated under any provision of 40 CFR parts 401 thru 471? - Yes part \_\_\_\_\_ - No

(See <http://www.epa.gov/docs/epacfr40/chapt-1.info/subch-N.htm>)

SIC or NAICS Code: \_\_\_\_\_  
(For codes see <http://www.census.gov/epcd/www/naicstab.htm>)

Business Name: \_\_\_\_\_

Application Fee: \_\_\_\_\_

Name on Check: \_\_\_\_\_

## 3. TYPE OF BUSINESS:

- Food Handling/Preparation - Automotive
- Photo processing/Medical Office/Dental Office
- Other \_\_\_\_\_

Briefly Describe Business Function:

\_\_\_\_\_

What raw materials (or foods) are used?  
\_\_\_\_\_

What finished products (or foods) are produced?  
\_\_\_\_\_

Business Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

In Business Since: \_\_\_\_\_

### FOOD HANDLERS

Est. number of meals served peak hour: \_\_\_\_\_

Est. number of meals served daily: \_\_\_\_\_

Maximum seating capacity: \_\_\_\_\_

Is there an existing grease interceptor? - Yes - No

If yes, provide size (gallons): \_\_\_\_\_

**A minimum 2,000 gallon grease interceptor is required.**

Interceptor Location: \_\_\_\_\_

Name of previous business at this location (if known): \_\_\_\_\_

*Projects requiring a grease interceptor (G/I) must submit with this application, prior to processing, a plumbing plan (preferably 11" x 17") showing the location of the grease interceptor, the connection of all fixtures with the potential to discharge fats, oils or grease (FOG) and any sanitary waste lines. All building drains except for the bathrooms, should be routed to the G/I including slop sinks, mop sinks, floor drains and can washers. All drain lines must be clearly marked or highlighted. Refer to the current County specifications and detail for grease interceptors. Incomplete application packets will delay approval.*

**"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Representative

\_\_\_\_\_ Title

\_\_\_\_\_ Printed Name of Authorized Representative

\_\_\_\_\_ Print Title

# CHARLES COUNTY, MARYLAND

## CROSS CONNECTION CONTROL PERMIT APPLICATION

### COMMERCIAL - INDUSTRIAL

The Charles County Water and Sewer Ordinance regulates connections to the County's water distribution system. All users connecting to the water distribution system are required to complete this form. All testable backflow assemblies are required to be tested upon installation and annually thereafter.

Plumbing & Gas Permit Number: \_\_\_\_\_ Utility Permit Number: \_\_\_\_\_

Please answer all questions. Indicate "N/A" if the question does not apply to your business. Use additional sheets of paper if necessary. Incomplete or unreadable applications or those without an original signature will be returned and will considerably delay the processing of your permit. If you have questions concerning this application, please call (301) 609-5606 Monday thru Friday 8:00 a.m. to 2:30 p.m. Please allow a minimum of 30 days for processing.

1. Is this Property connected to the Charles County Water System? Yes No If no, **STOP**. This form is complete

#### 2. WATER USAGE

Indicate if you have (or will have) one or more of the following:

Sink . . . . .	Yes	No
Shower/Tub. . . . .	Yes	No
Toilet / Bidets. . . . .	Yes	No
Icemaker. . . . .	Yes	No
Carbonated Soda Machine. . . . .	Yes	No
Washing Machine / Wash Tub. . . . .	Yes	No
Water Heater . . . . .	Yes	No
Boiler. . . . .	Yes	No
Chiller. . . . .	Yes	No
Dishwasher. . . . .	Yes	No
Cooling Towers. . . . .	Yes	No
Swimming Pool / Spa / Hot Tub. . . . .	Yes	No
Irrigation System. . . . .	Yes	No
Wet Fire Protection System (No Chemicals). . . . .	Yes	No
Wet Fire Protection System (Chemicals) . . . . .	Yes	No
Dry Fire Protection System . . . . .	Yes	No
Spigots/Faucets & Garden Hose Use. . . . .	Yes	No
Direct Connect Pedicure Fixture. . . . .	Yes	No
Chemical Vats or Tanks. . . . .	Yes	No
Photo / Xray Equipment. . . . .	Yes	No

Please indicate any other source connected to the water system not mentioned above: \_\_\_\_\_

Do you currently have any backflow prevention assemblies in place, if so please list: . . . \_\_\_\_\_

#### 3. BUSINESS INFORMATION:

Retail    Manufacturer    Medical/Dental    Food Handler  
 Automotive    Printing/Graphics    Dry Cleaner  
 Funeral Home    Residential- Multifamily  
 Other \_\_\_\_\_

Briefly Describe Business Function:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does this building contain any substance under pressure?  
 \_\_\_\_\_

What finished products are produced?  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you connected to any other water source such as a private well?                      Yes                      No

**"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."**

\_\_\_\_\_ Date

\_\_\_\_\_ Master Plumber Signature

\_\_\_\_\_ Master Plumber License Number

CHARLES COUNTY GOVERNMENT  
DEPARTMENT OF PLANNING AND GROWTH MANAGEMENT  
P.O. BOX 2150, LA PLATA, MARYLAND 20646

CODES, REGULATIONS AND STANDARDS  
FOR CONSTRUCTION IN CHARLES COUNTY

**November 30, 2012**

1. International Building Code/2012, International Mechanical Code/2012 and the International Energy Conservation Code/2012 as amended by periodic supplements and Charles County Bill No. 2012-09.
2. International Residential Code/2012 as amended by periodic supplements and Charles County Bill No. 2012-09.
3. National Electrical Code/2011
4. International Existing Building Code/2012 **(existing structures more than one year old)**
5. 2012 International Plumbing Code
6. 2012 International Fuel Gas Code
7. Code of Maryland Regulations 05.02.02 -Maryland Accessibility Code
8. Code of Maryland Regulations 05.02.06.02B - Maryland Safety Glazing Law
9. Code of Maryland Regulation 29.06.01 State Fire Prevention Code Incorporated by reference: NFPA 101 Life Safety Code/2012 and NFPA 1 Fire Code/2012
10. Code of Maryland Regulations 10.15.03 - Food Service Facilities
11. Code of Maryland Regulations 26.04.02 - On-Site Water Supply and Sewage Disposal
12. 2012 International Property Maintenance Code

## ENVELOPE DESIGN WORKSHEET FOR COMMERCIAL BUILDINGS, IECC SECTION C402 (PRESCRIPTIVE PATH)

### OPAQUE THERMAL ENVELOPE ASSEMBLY REQUIREMENTS

FROM TABLE C402.1.2

ROOFS	GROUP R	ALL OTHERS	PROPOSED
Insulation entirely above deck	U-0.039	U-0.039	
Metal Buildings	U-0.035	U-0.035	
Attic and other	U-0.027	U-0.027	

WALLS ABOVE GRADE			
Mass	U-0.090	U-0.104	
Metal Building	U-0.052	U-0.052	
Metal Framed	U-0.064	U-0.064	
Wood framed and other	U-0.064	U-0.064	

BELOW GRADE WALLS			
Below grade wall <sup>a</sup>	C-0.119	C-0.119	

FLOORS			
Mass	U-0.074	U-0.076	
Joist/framing	U-0.033	U-0.033	

SLAB-ON-GRADE FLOORS			
Unheated slabs	F-0.540	F-0.540	
Heated slabs	F-0.650	F-0.650	

- a. When slabs are placed below-grade, below grade walls must meet the F-factor requirements for perimeter insulation according to the heated slab-on-grade construction.

## OPAQUE THERMAL ENVELOPE REQUIREMENTS

FROM TABLE C402.2

ROOFS	GROUP R	ALL OTHERS	PROPOSED
Insulation entirely above deck	R-25ci	R-25ci	
Metal buildings with R-5 thermal blocks <sup>1</sup> <sup>2</sup>	R-19+R-11 LS	R-19+R-11 LS	
Attic and other	R-38	R-38	

WALLS ABOVE GRADE			
Mass	R-11.4ci	R-9.5ci	
Metal Building <sup>2</sup>	R-13+R-13ci	R-13+R-13ci	
Metal Framed	R-13+R-7.5ci	R-13+R-7.5ci	
Wood framed and other	R-13+R-3.8ci or R-20	R-13+R-3.8ci or R-20	

WALLS, BELOW GRADE			
Below Grade Wall <sup>4</sup>	R-7.5ci	R-7.5ci	

FLOORS			
Mass	R-10.4ci	R-10ci	
Joist/framing	R-30	R-30	

SLAB-ON-GRADE FLOORS			
Unheated slabs	R-10 for 24" below	NR	
Heated slabs	R-15 for 24" below	R-15 for 24" below	

OPAQUE DOORS			
Swinging	U-0.61	U-0.61	
Roll-up or sliding	R-4.75	R-4.75	

For SI: 1 inch = 25.4mm

Ci = Continuous insulation

1. When using R-value compliance method, a thermal spacer block is required, otherwise use the U-factor compliance method. (see Tables 402.1.2 and 402.2)
2. Assembly descriptions can be found in ASHRAE Appendix A.

3. R-5.7ci is allowed to be substituted with concrete block walls complying with ASTM C90, un-grouted or partially grouted at 32 inches or less on center vertically or 48 inches or less on center horizontally, with un-grouted cores filled with material having a maximum thermal conductivity of 0.44 Btu-in./h-f<sup>2</sup>F.
4. When heated slabs are placed below grade, below-grade walls must meet the exterior insulation requirements for perimeter insulation according to the heated slab-on-grade construction.
5. Steel floor joist systems shall be to R-38

## **BUILDING ENVELOPE REQUIREMENTS, FENESTRATION**

FROM TABLE C402.3 – CLIMATE ZONE 4A (CHARLES COUNTY)

### **VERTICAL FENESTRATION (30% MAXIMUM OF ABOVE-GRADE WALL)**

#### **U-FACTOR**

Fixed Fenestration	0.38
Operable Fenestration	0.45
Entrance Doors	0.77

#### **SHGC**

SHGC	0.40
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#### **SKYLIGHTS**

U-Factor	0.50
SHGC	0.40

#### **SKYLIGHTS (3% MAXIMUM)**

U-Factor	0.60
SHGC	0.40

## BUILDING ENVELOPE COMPLIANCE WORKSHEET FOR THE IECC 2012

PLEASE COMPLETE ALL INFORMATION – PRINT CLEARLY – REQUIRED FOR ALL PROJECT PLANS		
SECTION 1 – PROJECT INFORMATION		
PROJECT NAME		PERMIT #
PROJECT ADDRESS		DATE
OWNER/AGENT	TELEPHONE	CHECKED BY
DOCUMENTATION AUTHOR	TELEPHONE	DATE
		FOR DEPARTMENT USE ONLY

SECTION 2 – GENERAL INFORMATION
BUILDING FLOOR AREA:
WINDOW-WALL RATIO (WWR): GROSS FENESTRATION AREA _____ GROSS ABOVE GRADE WALL AREA _____ X 100 _____
PROJECT DESCRIPTION <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> Un-CONDITIONED SHELL

SECTION 3 – REQUIREMENT CHECKLIST						
AIR LEAKAGE AND COMPONENTS CERTIFICATION REQUIREMENTS				YES	NO	NOTES
All joints/penetrations are caulked, gasketed, weatherstripped or otherwise sealed.						
Windows, doors and skylights certified as meeting leakage requirements.						
Compound R-values and U-factors are labeled as listed.						
DESCRIPTION	PROPOSED R-VALUE	MINIMUM R-VALUE				
WALL TYPE 1						
WALL TYPE 2						
WALL TYPE 3						
WALL TYPE 4						
ROOF TYPE 1						
ROOF TYPE 2						
ROOF TYPE 3						
FLOOR TYPE 1						
FLOOR TYPE 2						
	PROPOSED U-VALUE	MAXIMUM U-VALUE				
WINDOW 1						
WINDOW 2						
WINDOW 3						
SKYLIGHT 1						
SKYLIGHT 2						
Skylights less than 3% of the Total Roof Area _____ % of Roof						
Outdoor air intake and exhaust openings, motorized or gravity						
Vestibules / Exceptions: 1-6						
Recessed luminaires installed in thermal envelope, sealed/gasketed						

**SECTION 4 – COMPLIANCE STATEMENT**

**The proposed building design represented in these documents is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed building design meets the 2012 IECC requirements.**

Principal Architect/Designer – Name <sup>1</sup>	Signature	Date
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<sup>1</sup> Include the designer's license or registration number

## MECHANICAL SYSTEMS COMPLIANCE WORKSHEET FOR THE IECC 2012

PLEASE COMPLETE ALL INFORMATION – PRINT CLEARLY – REQUIRED FOR ALL PROJECT PLANS		
SECTION 1 – PROJECT INFORMATION		
PROJECT NAME		PERMIT #
PROJECT ADDRESS		DATE
OWNER/AGENT	TELEPHONE	CHECKED BY
DOCUMENTATION AUTHOR	TELEPHONE	DATE
		FOR DEPARTMENT USE ONLY

SECTION 2 – GENERAL INFORMATION
BUILDING FLOOR AREA:
PROJECT DESCRIPTION <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> Un-CONDITIONED SHELL

SECTION 3 – REQUIREMENT CHECKLIST			
<u>BUILDING MECHANICAL SYSTEMS</u>	YES	NO	NOTES
ASHRAE/IESNA 90.1 STANDARD USED FOR COMPLIANCE			
SIMPLE SYSTEM – (UNITARY/PACKAGED)			
COMPLEX SYSTEM			
LOAD CALCULATION PER ASHRAE/ACCA STANDARD 183			
EQUIPMENT SIZE TO LOAD			
EFFICIENCIES PER TABLES C403.2.3(1) – C403.2.3(9)			
THERMOSTATIC CONTROLS FOR EACH ZONE			
HEAT PUMP SUPPLEMENTARY HEAT CONTROLS			
AUTOMATIC/PROGRAMMABLE OFF-HOUR CONTROL FOR EACH ZONE			
SHUTOFF DAMPER CONTROLS/MOTORIZED			
SHUTOFF DAMPER CONTROLS/GRAVITY			
SNOW MELT SYSTEM			
VENTILATION REQUIREMENTS PER IMC CHAPTER 4			
DEMAND CONTROLLED VENTILATION			
ENERGY RECOVERY VENTILATION SYSTEM PER TABLE C403.2.6			
DUCTWORK DESIGNED, INSULATED AND SEALED PER IECC/IMC			
HVAC PIPING INSULATED PER TABLE C403.2.8			
MECHANICAL SYSTEMS COMMISSIONING AND COMPLETION PER C408.2			
AIR SYSTEMS HORSEPOWER RATING EXCEEDS 5HP			

<b>BUILDING MECHANICAL SYSTEMS</b>	<b>YES</b>	<b>NO</b>	<b>NOTES</b>
HEATING OUTSIDE OF BUILDING, CONTROLS PROVIDED			
ECONOMIZER, REQUIRED FOR COOLING SYSTEMS $\geq 33,000$ Btu/h			
VARIABLE AIR VOLUME FAN CONTROL FOR MOTORS $\geq 7.5$ hp			
CONTROLS FOR HYDRONIC SYSTEM $\geq 300,000$ Btu/h			
<i>HYDRONIC (WATER LOOP) HEAT PUMP SYSTEMS</i>			
UTILIZING HEAT REJECTION EQUIPMENT			
20 ° DEADBAND OR OPTIMIZED CONTROLLER			
OPEN OR CLOSED LOOP OR SEPARATE HEAT EXCHANGER			
PART LOAD CONTROL METHOD 1 or 2 for $\geq 300,000$ Btu/h			
PUMP ISOLATION FOR 2 OR MORE CHILLERS/BOILERS			
FAN SPEED CONTROL FOR MOTORS $\geq 7.5$ hp			
<i>SERVING MULTIPLE ZONES (COMPLEX) SHALL BE VAV SYSTEM</i>			
30% MAX AIR TO EACH ZONE			
300 cfm WHEN $\leq 10\%$ OF TOTAL SYSTEM SUPPLY RATE			
MINIMUM VENTILATION REQUIREMENTS OF IMC CHAPTER 4			
EXCEPTIONS: 1-6			
SERVICE HOT WATER HEAT RECOVERY, 1 OR 2			
EXCEPTIONS: 1-2			
SERVICE HOT WATER PER TABLE C404.2			
SERVICE HOT WATER SETPOINT TEMPERATURE CONTROL			
SERVICE HOT WATER, HEAT TRAPS REQUIRED			
SERVICE HOT WATER PIPE INSULATION, 1" THICK MINIMUM			
SERVICE HOT WATER AUTOMATIC OR MANUAL SHUTOFF CONTROL			

<b>SECTION 4 – COMPLIANCE STATEMENT</b>		
<b>The proposed mechanical design represented in these documents is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed building design meets the 2012 IECC and 2012 IMC requirements</b>		
Principal Mechanical Designer – Name <sup>1</sup>	Signature	Date
<b><sup>1</sup> Include the designer's license or registration number</b>		

## LIGHTING COMPLIANCE WORKSHEET FOR THE IECC 2012

PLEASE COMPLETE ALL INFORMATION – PRINT CLEARLY – REQUIRED FOR ALL PROJECT PLANS		
SECTION 1 – PROJECT INFORMATION		
PROJECT NAME		PERMIT #
PROJECT ADDRESS		DATE
OWNER/AGENT	TELEPHONE	CHECKED BY
DOCUMENTATION AUTHOR	TELEPHONE	DATE
		FOR DEPARTMENT USE ONLY

SECTION 2 – GENERAL INFORMATION			
BUILDING FLOOR AREA:			
PROJECT DESCRIPTION	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION
METHOD OF LIGHTING COMPLIANCE	<input type="checkbox"/> ENTIRE BUILDING	<input type="checkbox"/> TENANT AREA OR PORTION OF BUILDING	

SECTION 3 – REQUIREMENT CHECKLIST			
LIGHTING CONTROLS, SWITCHING AND WIRING	YES	NO	NOTES
ASHRAE/IESNA 90.1 STANDARD USED FOR COMPLIANCE			
INDEPENDENT CONTROLS FOR EACH INTERIOR SPACE			
<u>LIGHT REDUCTION CONTROLS TO REDUCE CONNECTED LOAD &gt; 50%</u>			
CONTROL ALL LUMINARIES			
DUAL SWITCHING/ALTERNATE LUMINARIES			
SWITCHING EACH LUMINAIRE OR LAMP			
SWITCHING MIDDLE OR INDIVIDUAL LUMINARIES			
<u>AUTOMATIC LIGHTING SHUTOFF FOR ALL AREAS</u>			
OCCUPANCY SENSORS			
OCCUPANT OVERRIDE – 5000 ft <sup>2</sup> MAXIMUM AREA			
<u>DAYLIGHT ZONE CONTROL – 2500 ft<sup>2</sup> MAXIMUM AREA</u>			
MANUAL DAYLIGHTING CONTROLS			
AUTOMATIC DAYLIGHTING CONTROLS			
INDEPENDENT CONTROLS FOR EACH DAYLIGHT ZONE			
MULTI-LEVEL LIGHTING CONTROLS			
<u>SPECIFIC APPLICATION CONTROLS</u>			
CHOOSE APPLICATIONS 1-6			
<u>EXTERIOR LIGHTING CONTROLS</u>			
PHOTO SENSOR AND TIME SWITCH			

<b>LIGHTING CONTROLS, SWITCHING AND WIRING</b>		<b>YES</b>	<b>NO</b>	<b>NOTES</b>
ASTRONOMICAL TIME SWITCH				
<u>TANDEM WIRING</u>				
FLUORESCENT LUMINARIES/RECESSED/WITHIN 10' OF EACH OTHER				
FLUORESCENT LUMINARIES/PENDANT WITHIN 1' OF EACH OTHER				
<u>BUILDING LIGHTING POWER, INTERIOR</u> SPACE-BY-SPACE METHOD. ATTACH ADDITIONAL PAGES AS NEEDED.				
BUILDING AREA TYPE	ALLOWED WATTS	ACTUAL WATTS	LIGHTING CONTROLS Y/N	
BUILDING AREA METHOD/SOFTWARE PRINTOUT → ATTACHED				
FULL COMPLIANCE WITH ASHRAE 90.1 DOCUMENTATION ATTACHED →				
<u>BUILDING LIGHTING POWER, EXTERIOR</u>				
ZONE	BASE SITE ALLOWANCE	SUM – INDIVIDUAL ALLOWANCES	TOTAL	LIGHTING COMPLIES Y/N
<u>SEPARATELY METERED DWELLING UNITS</u> →				

<b>SECTION 4 – COMPLIANCE STATEMENT</b>		
<b>The proposed lighting design represented in these documents is consistent with the building plans, specifications, and other calculations submitted with this permit application. The proposed building design meets the 2012 IECC lighting requirements</b>		
Principal Lighting Designer - Name – License #	Signature	Date
THE LIGHTING APPLICATION WORKSHEET MAY BE INCORPORATED INTO THE LIGHTING SCHEDULE		