

TOWN OF POOLESVILLE

PO Box 158 · Poolesville, Maryland 20837
Telephone (301)428-8927 · Fax (301)637-9071

APPLICATION FOR OCCUPANCY PERMIT

STREET ADDRESS: _____

NEAREST CROSS STREET: _____

LOT: _____ BLOCK: _____ ACREAGE: _____

SQUARE FOOTAGE OF OCCUPIED SPACE: _____

PROPERTY OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

TRADE NAME: _____

LESSEE: _____ PHONE: _____

MAILING ADDRESS: _____

CLEARLY DESCRIBE THE PROPOSED USE: _____

OF EMPLOYEES: _____ # OF COMPANY VEHICLES: _____

IF THE USE IS STORAGE, SPECIFY WHAT IS TO BE STORED: _____

IF THE USE IS MIXED, SPECIFY THE PERCENTAGE OF USAGE:

TYPE: _____ / _____ % PRIMARY TYPE: _____ / _____ % PRIMARY

AVAILABLE PARKING (# OF SPACES):

ENTIRE FACILITY: _____ ALLOCATED TO APPLICANT: _____

EXPECTED USE (IN GALLONS/DAY): WATER: _____ SEWER: _____

THIS IS TO CERTIFY THAT NO INTERIOR ALTERATIONS (BUILDING, ELECTRICAL, PLUMBING, MECHANICAL) ARE REQUIRED PRIOR TO THE OCCUPANCY OF THE HEREIN DESCRIBED PREMISE.

APPLICANT'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE

DATE

**** Applicant must contact the Fire Marshall's Office at 240-777-2457 between the hours of 8:30 AM and 9:30 AM to schedule an inspection.**