



**DIVISION OF PERMITS AND INSPECTIONS**

747 Northern Avenue  
Hagerstown, Maryland 21742  
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**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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