Certificate of Occupancy Update & Signage Application for Commercial and Industrial Buildings

Town of Easton
Building Inspection Division
14 South Harrison Street
Easton, Maryland 21601
Telephone 410-822-2526
Fax 410-822-8738

APPLICANT INSTRUCTIONS: Complete all parts of this application, the Building Inspection Division can answer questions, regarding the completion of this application. This application is for the update of a Certificate of Occupancy only when no change occurs in the classification of the occupancy or the use within that classification. Additional Applications are required for construction activity. This application may need to be accompanied by a code analysis prepared by a registered design professional.

Signage Application should be accompanied by two sets of the signage construction documents prepared or detailing information provided within the application.

Office Use Only

Received Date _____ / _____ / _____

Building Permit Number _____

Total Permit Fees $ _____

Part 1: Property Information

Update Application Date

Tax Map

Grid

Project's Address

Parcel

Project's Subdivision (if any)

Lot

Project's City, State and Zipcode

Zoning

Part 2: Owner - Tenant Information

Owner

Name

Address

City, State and Zip Code

E-Mail Address and Telephone Number

Tenant Information

For a Multiple Occupancy Building Provide Tenants information by attaching additional sheets

Name

Address

City, State and Zip Code

E-Mail Address and Telephone Number

Occupied Square Footage

Part 3: Certification

The applicant hereby certifies by completing this application as follows; (1) "I am the owner of record of the named property, or that the proposed update is authorized by the owner of record and that I have been authorized by the owner to make this application as their agent.", (2) "That the information contained in the application is a full disclosure of the update to the Certificate of Occupancy." and (3) "That the information contained in the application is in compliance with all applicable covenants and or deed restrictions.".

The applicant further certifies; (1) "That I will comply with all codes of the Town of Easton and the State of Maryland which are applicable thereto.", (2) "That I will perform no work on the above property without making the appropriate applications and acquiring the required permits." and (3) "That the Town Officials shall have the authority to enter areas covered by this application prior to issuance of the updated Certificate of Occupancy".

Signature of Applicant

Printed Name of Applicant

Telephone Number

E-Mail Address

Connection with Application

Mailing Address of Applicant

Revised May 2019

Part 4: Former Tenant Information

	Name
	Address
	City, State and Zip Code
	E-Mail and Telephone
Occupancy and Use Type	Occupied Square Footage

Part 5: Building Information

Occupancy Design
- ○ Single Occupancy
- ○ Multiple Occupancies

Occupancy Separation
- ○ Single Occupancy
- ○ Non-Separated
- ○ Separated

Fire Protection
- ○ No Sprinklers
- ○ Partially Sprinklered
- ○ Fully Sprinklered

Number of Fire Areas
- ○ Single Fire Area
- ○ _____ Fire Areas

Part 6: Square Footages by Floor for Occupancy Classification

Occupancy Classification	Basement	First	Second	Third	Fourth
Assembly					
Business					
Educational					
Factory and Industrial					
High Hazard					
Institutional					
Mercantile					
Residential					
Storage					
Utility and Miscellaneous					
Total Building Floor	_____	_____	_____	_____	_____

Part 7: Fire Resistance Rating for Building Elements

Complete Information for One Construction Type Only

Construction Type	Structural Frame	Bearing Walls Exterior/Interior	Non Bearing Walls Exterior/Interior	Floor Construction	Roof Construction
		/	/		

Part 8: Description of Proposed Change of Occupancy

Part 9: Change of Tenant Information

_____ / _____ / _____ Former Tenant Vacating Date	_____ / _____ / _____ Tenant Anticipated Occupancy Date	

Part 10: Signage Information & Grid

Sign Application Type:

☐ Check if Application is for the replacement, restoration or re-facing of an existing sign.

☐ Sidewalk ☐ Freestanding ☐ Wall ☐ Roof ☐ Freestanding ☐ Projecting/Suspending ☐ Master Sign Plan

☐ Marquee ☐ Institutional ☐ Awning or Canopy ☐ Directory ☐ Multiple Tenancy ☐ Other

☐ Check if signage selected above is to feature electronic or digital enhancements

Signage Contractor Information

Name

Contact

Address

City, State and Zip Code

Telephone Number

E-Mail Address

Sign Information

1. Length of façade sign serves — 1a. Square Footage
2. Location Zoning Classification
3. Location Zoning Classification
4. Historic District? ☐ Yes ☐ No
5. Temporary Signage? ☐ Yes ☐ No
   5a. Display Date — 5b. Consecutive Days
6. Signage Installation Completion Date
7. Cost of Sign

Summary of Request *(consider proposed signage special approvals, location, height, width, area, illumination, material(s) and color(s), lettering, number of faces, footer detail, total height from surface of road, nearest dimension from walking surface below, visibility triangle, reader-board, method of construction or attachment, clearance from objects, landscaping, electronic/digital display, etc.)*

Additional Information Required

1. Attach site plan(s) and other details as necessary or required.

2. Attach dimmensioned drawing of the proposed sign or use grid below to sketch.

3. Include any relevant approvals/details.

4. If the applicant is other than the owner, include a letter of certification from the owner.

Office Use Only

Building Inspection Division

General Information
- Received Date ___ /___ /____
- Permit Number _____
- Permit Fee $ _____

Approval
- Date ____ / ____ / _____
- BID Initials _____

Planning and Zoning

General Information
- Not Applicable
- County Receipt Received

Approval
- Date ____ / ____ / _____
- Town Impact $ _____
- P&Z Initials_____

Planning Commission

Application
- Not Applicable
- Yes - In Review
- Yes - Approved

Approval
- Date ___ / ___ / _____
- PC Initials _____

Historic District Commission

Application
- Not Applicable
- Yes - In Review
- Yes - Approved

Approval
- Date ___ / ___ / _____
- HDC Initials _____

Revised May 2019