

St. Mary's County
COMMERCIAL BUILDING Inspection Application

Building Permit #: _____

Inspection #: _____

Date Issued: _____

Applicant Name: _____

Phone Number: _____

Email: _____

Address (where inspections will be performed. Subdivision, Lot #, Etc.)

FOR PLANCHEK OFFICE USE ONLY	
Inspection Fee: \$ _____	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check #: _____
<input type="checkbox"/>	Invoice #: _____

CIRCLE ALL THAT APPLY: New Alteration/Addition Apartment Pool Solar Sign

Scope of Work (Include total SQFT):

Inspections Needed (check all that apply):

- Footing
- Foundation Backfill
- Wall Reinforcement
- Slab
- Insulation
- Sound Attenuation Insulation
- Framing
- Fire Rated
- Final

Once your application is approved you will receive an inspection ID number (#). Please provide your # when contacting our office to schedule your inspections.