APPLICATION FOR SINGLE TRADE PERMIT Gas
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Electrical Gas Tel. 410-859-7796 Mechanical Fire Safety Fax: 410-859-5440 Plumbing (Fire sprinkler, Fire Alarm, Suppression) Fax: 410-859-5440 Plumbing (Fire sprinkler, Fire Alarm, Suppression) Fax: 410-859-5440 Plumbing (Fire sprinkler, Fire Alarm, Suppression) Fax: 410-859-5440 Plumbing Fax: 410-859-5440 Fax: 410-859-540 Fax: 410-859-5440 Fax: 410-859-540 Fax:
Mechanical Fire Safety Fax: 410-859-5440 Plumbing (Fire sprinkler, Fire Alarm, Suppression) One application per trade only. If additional trades are added to the scope, within a period of 180 days from the date of last approval, the applicant will be required to submit a Building Permit application for the entire project. GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) GENERAL INFORMATION (To be completed by the applicant, please print) BUT
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Airport: BWI MTN BWI BWI MTN BWI MTN BWI BWI BWI MTN BWI BWI BWI BWI MTN BWI
Project Name: Project Location: Name of Applicant/Tenant Contact Person: Representing: Mailing Address: Brief Description of Project: Check Appropriate Box: Name of Master Electrician, Master Plumber or Master HVACR: Tel.: E-mail: Tel.: E-mail: Emergency Contact and Number: Existing Tenant? New Tenant? New Tenant? E-mail: Coll/Emergency No. Company/Organization: Street Address: City, State, Zip: Maryland Business License Number *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate Tel.: E-mail: Cell/Emergency No. Work By MAA Employees Funding Source: Supervisor's Name: Supervisor's Name: Maryland Business License Number *Attach Photocopies of Current MD License and Insurance Certificate Supervisor's Signature: Check Appropriate Box: Yes No Will the work be done in a "Confined Space?" Will the work involve "Hot Work/Welding?" Will the work require tenching and excavation?
Project Location: Tenant Space No. Tenant Space No. Tel:
Project Location: Name of Applicant/Tenant Contact Person: Representing: Mailing Address: Brief Description of Project: E-mail: Existing Tenant? New Tenant? New Tenant? New Tenant? Name of Master Electrician, Master Plumber or Master HVACR: E-mail: E-mail: MD License No.: Expiration: Cell/Emergency No. Company/Organization: Street Address: City, State, Zip: Maryland Business License Number *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of
Contact Person: Representing: Mailing Address: Brief Description of Project: Emergency Contact and Number: Check Appropriate Box: Existing Tenant? New Tenant? New Tenant? New Tenant? Tel.: Emergency Contact and Number: Existing Tenant? New Tenant? New Tenant? Cell/Emergency No. Company/Organization: Street Address: City, State, Zip: Maryland Business License Number *Attach Photocopies of Current MD License and Insurance Certificate Check Appropriate Box: Supervisor's Name: Supervisor's Signature: Check Appropriate Box: Will the work involve "Hot Work/Welding?" Will the work require trenching and excavation? Will the work require trenching and excavation?
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Representing: Mailing Address: Brief Description of Project: Emergency Contact and Number: Check Appropriate Box: Existing Tenant? New
Mailing Address: Brief Description of Project: Estimated Construction Cost (Required): Name of Master Electrician, Master Plumber or Master HVACR: E-mail: MD License No.: Company/Organization: Street Address: City, State, Zip: Maryland Business License Number *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Yes No Will the work be done in a "Confined Space?" Will the work require trenching and excavation? Will the work require trenching and excavation?
Brief Description of Project: Existing Tenant? New Tenant?
Estimated Construction Cost (Required): Name of Master Electrician, Master Plumber or Master HVACR: Tel.:
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Estimated Construction Cost (Required): Name of Master Electrician, Master Plumber or Master HVACR: Tel.:
Estimated Construction Cost (Required): Name of Master Electrician, Master Plumber or Master HVACR: Tel.:
Name of Master Electrician, Master Plumber or Master HVACR: E-mail:
E-mail: MD License No.: Expiration: Cell/Emergency No. Company/Organization: Work By MAA Employees Street Address: Funding Source: City, State, Zip: Supervisor's Name: Maryland Business License Number Supervisor's Signature: *Attach Photocopies of Current MD License and Insurance Certificate Supervisor's Signature: Check Appropriate Box: Yes No Yes No Will a crane be required during construction? Will the work be done in a "Confined Space?" Will the work involve "Hot Work/Welding?" Will the work require trenching and excavation?
MD License No.: Company/Organization: Street Address: Street Address: City, State, Zip: Maryland Business License Number *Attach Photocopies of Current MD License and Insurance Certificate *Attach Photocopies of Current MD License and Insurance Certificate *Check Appropriate Box: Yes No Will a crane be required during construction? Will the work involve "Hot Work/Welding?" Will the work require trenching and excavation? Will the work require trenching and excavation?
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Will the work involve "Hot Work/Welding?" Will the work require trenching and excavation?
Will the work involve High Voltage?
If the answer to any of those questions is Yes, additional permits are required.
Applicant's Signature: Date:
FOR OFFICE USE ONLY
Yes No Yes No
Is the Application Form complete? Is Safety Plan provided? Is Insurance Certificate provided? Are Drawings sufficiently complete?
Is Copy of Trade License provided? Are additional permits required?
Permit Coordinator Date:
Date Received:
Date of Meeting:
Date of Release: