

**MARYLAND DEPARTMENT OF TRANSPORTATION
MARYLAND AVIATION ADMINISTRATION**

Permits
P. O. Box 8766, BWI Airport
Maryland, 21240-0766
Tel. 410-859-7796
Fax: 410-859-5440

APPLICATION FOR BUILDING PERMIT

GENERAL INFORMATION (To be completed by the applicant, please print)			
Project Name:	Airport: BWI MTN		
Project Location (Bldg./Terminal, Level, Holdroom, Room No. etc.):	Tenant Space No.:		
Name of Tenant:	Tel.:		
	E-mail:		
Applicant/Contact Person:	Tel.:		
Representing:	Cell No.:		
Mailing Address:	Fax:		
	E-mail:		
Brief Description of Project: (200 character limit)	Check Appropriate Box:		
Estimated Construction Cost (Required): \$	MAA <input type="checkbox"/> Funding Source:		
	Existing Tenant <input type="checkbox"/>		
	New Tenant <input type="checkbox"/>		
Name of Architect/Engineer:	Tel.:		
Address:	Fax:		
Name of Contact:	E-mail:		
Name of Contractor:	Tel.:		
Name of Contact:	Cell/Emergency No:		
	E-mail:		
Maryland Contractor's License Number:	Expiration Date:		
* Attach Photocopy of Current MD Contractors License and Insurance Certificate.			
Check Appropriate Box:			
Will a crane be used during construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will the work be done in a "Confined Space?"	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the work involve "Hot Work/Welding?"	<input type="checkbox"/> <input type="checkbox"/>	Will the work involve Trenching and Excavation?	<input type="checkbox"/> <input type="checkbox"/>
Will rooftop equipment be provided?	<input type="checkbox"/> <input type="checkbox"/>		
If the answer to any of these questions is Yes, additional permits or authorizations may be required. (See Permits Information Guide for definitions and list of supplementary permits).			
Applicant's Signature: _____		Date: _____	
FOR OFFICE USE ONLY			
Complete Application Form	Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Certification	<input type="checkbox"/> <input type="checkbox"/>	Commercial Management Authorization	<input type="checkbox"/> <input type="checkbox"/>
Copy of Contractor's License	<input type="checkbox"/> <input type="checkbox"/>	Check List	<input type="checkbox"/> <input type="checkbox"/>
Dwgs. Stamped by Licensed Architect/Engineer	<input type="checkbox"/> <input type="checkbox"/>	CD	<input type="checkbox"/> <input type="checkbox"/>
Permit Coordinator:	Date:		
Date Received:	BP Number:		
Date of Meeting:			
Date of Release:			