

**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: MAA <input type="checkbox"/> Funding Source: Existing Tenant <input type="checkbox"/> New Tenant <input type="checkbox"/>
Name of Architect/Engineer:	Tel.:
Address:	Fax:
	E-mail:
Name of Contact:	
Name of Contractor:	Tel.:
	Cell/Emergency No:
Name of Contact:	E-mail:
Maryland Contractor's License Number: * Attach Photocopy of Current MD Contractors License and Insurance Certificate.	Expiration Date:
Check Appropriate Box:	
Will a crane be used during construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the work be done in a "Confined Space?" <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the work involve "Hot Work/Welding?" <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the work involve Trenching and Excavation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will rooftop equipment be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	Commercial Management Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Contractor's License <input type="checkbox"/> Yes <input type="checkbox"/> No	Check List <input type="checkbox"/> Yes <input type="checkbox"/> No
Dwgs. Stamped by Licensed Architect/Engineer <input type="checkbox"/> Yes <input type="checkbox"/> No	CD <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Coordinator:	Date:
Date Received:	BP Number:
Date of Meeting:	
Date of Release:	