



City of Annapolis
Department of Planning and Zoning
 145 Gorman Street Fl 3
 Annapolis, MD 21401-2529

Permitting@annapolis.gov • [410-260-2200](tel:410-260-2200) • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

Capital Facilities Assessment Application

Project Address _____

Lot # _____ Property Tax I.D. # _____

Owner _____ Daytime Phone _____

Billing Address _____

Email Address _____

Type: Residential Commercial Other: _____

Water Meter Size _____ Square Footage of Building _____

Does this work require water and/or sewer connection or upgrade? Yes No

Is this a new or existing business? Yes No

Is this a change of use? Yes No

Is this a business or seating expansion? Yes No

If yes, proposed number of seats _____

Please note that, per City Code [Section 17.28.090](#), any expansion or change in use may be subject to capital facility assessment charges. IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "YES", A CAPITAL FACILITY AND/OR CONNECTION CHARGE MAY APPLY, AND A SIGNED CAPITAL FACILITIES ASSESSMENT APPLICATION IS REQUIRED. IF APPLICABLE, THE MINIMUM CAPITAL FACILITY CHARGE IS \$6,500.

Please choose which of the following **best** describes the type of establishment proposed:

- | | |
|--|---|
| <ul style="list-style-type: none"> Auto Dealership Bank Barber Shop Beauty Salon Car Wash without Recirculation Equipment Church (Large With Kitchen) Church (Small) Clubhouse Department Store With Lunch Counter Department Store Without Lunch Counter Drug Store Hotel Laundromat Laundry/Cleaners | <ul style="list-style-type: none"> Marinas (With Water Taps), # Slips _____ Medical Office Building Motel Office Building Restaurant Retail Store School (Toilets & Lavatories Only) School (With Above Plus Cafeteria & Showers) School (With Above Plus Cafeteria) Service Station Shopping Center Supermarket Warehouse |
|--|---|

Please identify the types of fixtures proposed in the building:

<u>Type of Fixture</u>	<u># of Fixtures</u>
Baths	_____
Lavatories	_____
Showers	_____
Sinks	_____
Toilets	_____
Urinals	_____
Washing Machine	_____

I ATTEST, under penalty of perjury, under the laws of the City of Annapolis, that the above information is true and accurate to the best of my knowledge.

Applicant signature _____ Date _____