



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

Permitting@annapolis.gov • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

### Capital Facilities Assessment Application

Project Address 979 Bay Village Drive

Lot # 4 Property Tax I.D. # 06-000-12623805

Owner BRIG, LLC Daytime Phone 410-266-0626

Billing Address 200 Westgate Circle, Ste. 500, Annapolis, MD 21401

Email Address ahyatt@hwlaw.com

Type:  Residential  Commercial  Other: \_\_\_\_\_

Water Meter Size 2" 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Auto Dealership                          | <input type="checkbox"/> Marinas (With Water Taps), # Slips _____     |
| <input type="checkbox"/> Bank                                     | <input type="checkbox"/> Medical Office Building                      |
| <input type="checkbox"/> Barber Shop                              | <input type="checkbox"/> Motel  |
| <input type="checkbox"/> Beauty Salon                             | <input type="checkbox"/> Office Building                              |
| <input type="checkbox"/> Car Wash without Recirculation Equipment | <input type="checkbox"/> Restaurant                                   |
| <input type="checkbox"/> Church (Large With Kitchen)              | <input type="checkbox"/> Retail Store                                 |
| <input type="checkbox"/> Church (Small)                           | <input type="checkbox"/> School (Toilets & Lavatories Only)           |
| <input type="checkbox"/> Clubhouse                                | <input type="checkbox"/> School (With Above Plus Cafeteria & Showers) |
| <input type="checkbox"/> Department Store With Lunch Counter      | <input type="checkbox"/> School (With Above Plus Cafeteria)           |
| <input type="checkbox"/> Department Store Without Lunch Counter   | <input type="checkbox"/> Service Station                              |
| <input type="checkbox"/> Drug Store                               | <input type="checkbox"/> Shopping Center                              |
| <input type="checkbox"/> Hotel                                    | <input type="checkbox"/> Supermarket                                  |
| <input type="checkbox"/> Laundromat                               | <input type="checkbox"/> Warehouse                                    |
| <input type="checkbox"/> Laundry/Cleaners                         | <input checked="" type="checkbox"/> Assisted Living Facility          |

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 *Madison J. Henry* Date 1/18/18