
APPLICATION FOR INDUSTRIALIZED BUILDING MANUFACTURERS

Application for New Industrialized Building Manufacturers

Renewal Application for Industrialized Building Manufacturers

Date: _____

Application is hereby made under the provisions of the Maryland Industrialized Building and Manufactured Homes Regulations (COMAR 09.12.52.01 thru 09.12.52.18).

1. Name of Manufacturer:

2. Main Office Location and Contact Person:

Telephone Number: _____ Fax Number: _____

3. Manufacturing Plant Information

Plant #1:

Location and Contact Person:

Telephone Number: _____ Fax Number: _____

E-mail Address:

Plant #2:

Location and Contact Person:

Telephone Number: _____ Fax Number: _____

E-mail Address:

Plant #3:

Location and Contact Person:

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Other: _____

4. Occupancy Type of Units fabricated: Non-Dwelling Dwelling

5. Name, Address, and Contact Person of the Approved Testing Facility (ATF) contracted:

6. The units will be fabricated per the effective Maryland standards at the time of construction and per the approved plan (per COMAR Sections 09.12.52.06 and 09.12.52.07).

7. The following labels will be applied to the units inspected and approved by the ATF's staff (per COMAR Sections 09.12.52.10 and 09.12.52.11); (A) ATF label, (B) Manufacturer's Data Plate and other markings, and (C) State Certification Insignia.

8. Maryland Fees (per COMAR Section 09.12.52.12)

MARYLAND INSIGNIA FEE SCHEDULE

A. **Nonresidential Buildings**: one (\$90.00) insignia for each individual module. For panelized closed construction, one insignia is require for each increment (or part of) of 1,000 square feet of building floor area.

B. **Residential Buildings**: A manufacturer may select one option only, which should be applied to all buildings produced by a manufacturer:

One (\$50.00) insignia for each individual module; or

One (\$65.00) insignia for a floor area of 1,200 square feet or less. For additional floor areas over 1,200 square feet, additional \$65 insignias are required for each increment, or part, of 500 square feet.

New OR Renewal APPLICATION FEES (NON-REFUNDABLE)

\$500 for first plant + \$500 for each additional plant = _____

Please submit the **application**, signed and dated **IRS-Form W-9**, together in a PDF to DLDLICCCPay-labor@Maryland.gov.

Online Credit Card Payments at
<https://www.velocitypayment.com/client/maryland/dllr/buildingcodesadmin/index.html>

PHONE: 410-767-2227 | FAX: 410-767-2986 | www.labor.maryland.gov

OR

Send all documentation with the check addressed to:

**Building Codes Administration
Division of Labor and Industry
Maryland Department of Labor
PO BOX 37303
Baltimore MD,21297**

9. Site erection manual, warranty cards, and other consumer information (furnace, water heater, etc.) will accompany the unit.

10. The manufacturer will send location reports for all units before they are shipped into Maryland (see separate instructions).

11. Should any units be found in noncompliance with Maryland standards after fabrication, the manufacturer will bring the units into compliance. The manufacturer shall also investigate other units and make all necessary corrections, if similar noncompliance exists in those units (per COMAR Section 09.12.52.03).

12. The manufacturer hereby agrees to be bound by the above items and Maryland requirements for Industrialized Building and Mobile Homes Regulations.

13. Maryland Public Safety Article (PS Article) §12-305(a) stipulates: “The Department: (2) may adopt regulations that govern the enforcement, inspection, and certification programs authorized by this subtitle;” In the regulations thus adopted, COMAR 09.12.52 Industrialized Buildings and Manufactured Homes, Section 03.(c) stipulates: “Failure to Comply with Department Order. If the Department has determined under Regulation .03B, that a violation exists, and the responsible person fails to bring the unit into compliance, the Secretary may refer the violation to the appropriate state’s attorney, or suspend or cancel the manufacturer’s approval, or both, as necessary to ensure compliance.”.

Name of Manufacturer’s Representative: _____

Designation: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Authorized Signature: _____ Date: _____