

Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410,313,3455 Permits: 410-313-2455 www.howardcountymd.gov

| Date Received: |  |
|----------------|--|
|----------------|--|

| Permit No.: | <br> | <br> |
|-------------|------|------|

| Address: 2 F   | Building Address: 5219 7a1   | thate lading   | Property Owner's Name  |                                   |
|--|--|--|--|-----------------------------------|
| Contract Name Address:  Checupant or Tenant:  Charact Name Specially Occupied?  Charact Name  Charac   |  |  |  |                                   |
| Subdivision  | City: Ellical C. 7 State:  | My Zip Code: Lious   | City: State:   | 7in Code:                         |
| Subdivision:   Subdivision:   Subdivision:   Subdivision:   Area:   Lot:   Area:   Lot:   Area:   Lot:   Area:   Lot:   Area:   Lot:   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name:   Address:   City:   State:   Jip Code:   Phone:   Fax:   Applicant's Name:   Address:   City:   State:   Jip Code:   Phone:   Fax:   Address:   City:   State:   Jip Code:   Phone:   Fax:   Address:   City:   State:   Jip Code:   City:   Contact Person:   Lot:   Caption of Address:   City:   State:   Jip Code:   City:   Contact Person:   Lot:   Caption of Address:   City:   State:   Mil Lip Code:   Lit & Contact Person:   Lot:   Caption of Address:   City:   State:   Mil Lip Code:   Lit & Contact Person:   Lot:   Caption of Address:   City:   State:   Mil Lip Code:   Lit & Contact Person:   L   | Suite/Apt. # SDP/  | /WP/BA #:  |  |                                   |
| Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address, (if other than stated herein)   Applicant's Name & Mailing Address   Applicant's Name & Mailing Applicant's Name   |  |  |  |                                   |
| Parcel:   Grid:   Applicant's Name:   Address:   City:   State:   Zip Code:   City:   State:   Zip Co   |  |  | Auginostia Nama C Angilian Adduna (16  | Alexander at the second beauties  |
| Address:   |  |  |  |                                   |
| Contract   Company   Contract   Con   | Гах Мар: Parcel:   | Grid:  |  |                                   |
| Phone: Fax: Contractor Company: All it   Pencluring   / 1  | Zoning: Map Coordinat  | es: Lot Size:  | City: State:   | Zip Code:                         |
| Email:  Contractor Company: Allies Residence / 1 - Contractor Company: Address:   1 - Contractor Company:   1 - Contractor Contractor Contractor Contra   |  |  |  |                                   |
| Contractor Company: Aller Percelling Incompany: Address: Addres   | Existing Use: FD   |  |  |                                   |
| Contact Person:   Contact Pe   | CFD  | OPer Tout  | Contractor Company Allied  | Renelding Inc                     |
| Construction (sq. ft.):   Sate:   Mil   Zip Code:   City:   State:  | 1  | •  | Contact Person:  | Castrona                          |
| Contract Name:   State:   Mile   Zip Code:   City:   State:   Zip  | 7  |  | Address: 17-12 8 15-20   | n                                 |
| Usense No. : Fax:   Email:   E   | Description of Work:   | T Open Deck  | Situa Anna C State: MA   | 7in Code: 1 12.45                 |
| Phone:   | EUN LOUIS  | Cir V and  | City. Jan State.   | Zip code                          |
| Decupant or Tenant:  Was tenant space previously occupied?   | 31 10 W  | STEPS TO GRAVE   |  |                                   |
| State   Zip Code:   Phone:   Fax:   Zip Code:   Zip  |  | € 5 22 V   | A CONTRACTOR OF THE CONTRACTOR |                                   |
| Engineer/Architect Company:   Responsible Design Prof.:   Address:   Address:   Zip Code:   Phone:   Fax:   Zip Code:   Zip Code   | Occupant or Tenant:  |  | Email:   |                                   |
| Responsible Design Prof.:   Address:   Address:   Address:   Address:   City:   State:   Zip Code:   Zip Co   |  |  | English and Comment  |                                   |
| Address:  City: State: Zip Code:   Phone:   Fax:     Phone:   Phon   |  |  |  |                                   |
| City:   State:   Zip Code:   Phone:   Fax:   Fax:   Phone:   Phone:   Fax:   Phone:   Fax:   Phone:   Fax:   Phone:   Phone:   Fax:   Phone:   | Contact Name:  |  | Responsible Design Prof.:  |                                   |
| Phone: Fax: Phone: Fax: Email:   | Address:   |  | Address:   |                                   |
| Phone: Fax: Phone: Fax: Email:   | City:  | State: Zip Code:   | City:State:  | Zip Code:                         |
| Email:    Commercial Building Characteristics   Email:   Email:  |  | 1.1  | Phone: Fax:  |                                   |
| Commercial Building Characteristics   Residential Building Characteristics   Height:   |  |  |  |                                   |
| Height:   SF Dwelling   SF Townhouse   Depth   Width   No. of stories:   Depth   Width   Gross area, sq. ft. /floor:   2 <sup>nd</sup> floor:   2 <sup>nd</sup> f | Email:   | 77.5   | Email:   |                                   |
| Height: SF Dwelling SF Townhouse Depth Width No. of stories: Depth Width Gross area, sq. ft. /floor: 2 floor: Sewage Disposal   Public   Private   Sewage Disposal     Public   Private   Private   Public     Public   Private  | Commercial Building Characteristics  | Residential Building Characteristics   | Utilities  |                                   |
| No. of stories:    Depth   Width     Public     Private     Private     Public     Private     Public     Private     Private   Pr   |  |  |  |                                   |
| Gross area, sq. ft./filoor:    2   |  |  |  |                                   |
| Area of construction (sq. ft.):    Basement:   |  |  |  |                                   |
| Area of construction (sq. ft.):    Basement  | Gross area, sq. re., riour.  |  |  |                                   |
| Finished Basement   Public   Private   Priva   | Area of construction (sq. ft.):  |  | Sewage Disposal  |                                   |
| Construction type:   Crawl Space   Electric:   Yes   No   Gas:   Yes   No   Multi-family Dwelling   Masonry   No. of efficiency units:   Gas:   Wood Frame   No. of 1 BR units:   No. of 2 BR units:   No. of 3 BR units:   Other Structure:   Other Structure:   Other Structure:   Other Structure:   Other Structure:   Yes   No   Modified Tree Project Permit   Footings:   Grading Permit Number:   Grading Permit Number:   The understand of the Project Permit   State Certified Modular   Building Shell Permit Number:   The understand of the Project Permit   The understand of the Project Permit   State Certified Modular   Building Shell Permit Number:   The understand of the Project Permit   State Certified Modular   Building Shell Permit Number:   The Understand of the Project Permit Number:   The Purpose of Inspecting The Work Permitted And Posting Notices.   The Purpose of Inspecting The Work Permitted And Posting Notices.   The Purpose of Inspecting The Work Permitted And Posting Notices.   The Purpose of Inspecting The Work Permitted And Posting Notices.   The Purpose of Inspecting The Work Permitted And Posting Notices.   The Purpose of Inspect Notices   The Purpose of   | Area of construction (sq. 10).   |  | ☐ Public   |                                   |
| Construction type:   Slab on Grade   Gas:   Yes   No   Multi-family Dwelling   Masonry   No. of efficiency units:   Gas:   Yes   No   Heating System   Heating System   Gas:   Yes   No   Multi-family Dwelling   Masonry   No. of 1 BR units:   Gas:   Yes   No   Multi-family Dwelling   Gas:   Yes  | Use group:   | ☐ Unfinished Basement  | ☐ Private  |                                   |
| Construction type:   | озе В. очр.  | ☐ Crawl Space  | Flectric: Tyes TNo   |                                   |
| Reinforced Concrete  | Construction type:   |  |  |                                   |
| Structural Steel   Multi-family Dwelling     Masonry   No. of efficiency units:   No. of 1 BR units:   No. of 1 BR units:   No. of 3 BR units:   No. of 3 BR units:   Other Structure:   Other Structure:   Other Structure:   Yes   No     Roadside Tree Project Permit   State Certified Modular   Footings:   Grading Permit Number:     Roadside Tree Project Permit #   State Certified Modular   Building Shell Permit Number:     The LINDON SIGNED HERBY CERTIFIES AND LIGRES AS FOLKOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPTICATION, (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL CONTINUE APPLICATION, (5) THAT SHE YELE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.  |  |  |  |                                   |
| Masonry  |  |  |  |                                   |
| Wood Frame   |  | No. of efficiency units:   | ☐ Electric ☐ Oil   |                                   |
| State Certified Modular  No. of 2 BR units: No. of 3 BR units: Other Structure: Other: Sprinkler System: Other: Spri   |  |  | ☐ Natural Gas ☐ Propane Gas  |                                   |
| No. of 3 BR units:  Other Structure:  Dimensions:  Roadside Tree Project Permit Footings:  Grading Permit Number:  Grading Permit Number:  Building Shell Permit Number:  The undersioned hereby ceptales and grees as Follows: (1) That He/she is authorized to make this application; (2) That the information is correct; (3) That He/she will perpose of inspecting the work permit not specifically described the application, (5) That He/she grants county officials the right to enter onto this property for the purpose of inspecting the work permitted and posting notices.  Applicant's Signature  Date  Title/Company  |  |  | 7 2 .  |                                   |
| Other Structure:    Dimensions:  |  | No. of 3 BR units:   |  |                                   |
| Dimensions:    Roadside Tree Project Permit   Footings:   Grading Permit Number:   |  |  |  |                                   |
| Roadside Tree Project Permit Footings:    Yes  |  | The second secon | L 1163   |                                   |
| Roadside Tree Project Permit # State Certified Modular    Manufactured Home   Building Shell Permit Number:    Manufactured Home   Building Shell Permit Number:    The undersigned hereby certifies and agrees as follows: (1) That he/she is authorized to make this application; (2) That the information is correct; (3) That he/she will perpend not work on the above referenced property not specifically describe this application; (5) That he/she grants county officials the right to enterior this property for the purpose of inspecting the work permitted and posting notices.    Print Name  | > Roadside Tree Project Permit   |  |  |                                   |
| Roadside Tree Project Permit # State Certified Modular    Manufactured Home   Building Shell Permit Number:    Manufactured Home   Building Shell Permit Number:   Manufactured Home   Building Shell Permit Number:   Manufactured Home   Building  |  |  | Grading Permit Number  | :                                 |
| THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMMITTED AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMMITTED AND FOR THE PURPOSE OF INSPECTING THE WORK PROPERTY NOT SPECIFICALLY DESCRIBED THIS APPLICATION; (5) THAT HE/SHE BRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY OR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.    Applicant's Signature  |  |  |  |                                   |
| THE UNDERSIGNED HEREBY CEPTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL CONWITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBE THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY OR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.    Applicant's Signature   |  |  | Building Shell Permit Number   | :                                 |
| WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBE THE APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY OR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.  Print Name  Date  Title/Company   |  | 7  |  |                                   |
| Title/Company  | WITH ALL REGULATIONS OF HEWARD COUNTY IN THIS APPLICATION; (5) THAT HE/SHE BRANTS CO | WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE I  | WILL PERFORM NO WORK ON THE ABOVE REFERENCED F<br>OPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERI   | ROPERTY NOT SPECIFICALLY DESCRIBE |
| Title/Company  |  |  | 0//  | 5                                 |
| Title/Company  |  |  |  |                                   |
|  |  |  | Oate   |                                   |

| AGENCY             | DATE  | SIGNATURE OF APPROVAL |
|--------------------|-------|-----------------------|
| State Highways     |       |                       |
|                    | _     |                       |
| Building Officials |       |                       |
| PSZA (Zoning)      |       |                       |
| PSZA (Engineering) |       | 1000                  |
| Health             | 4/17/ | 13 KBerlein           |

White: Building Officials

☐ CONTINGENCY CONSTRUCTION START

Green: PSZA,Zoning

Front: Rear: Side: Side St.: All minimum setbacks met? Yes No
Is Entrance Permit Required? Yes No Historic District? ☐ Yes ☐No Lot Coverage for New Town Zone: SDP/Red-line approval date:

Yellow: PSZA,Engineering

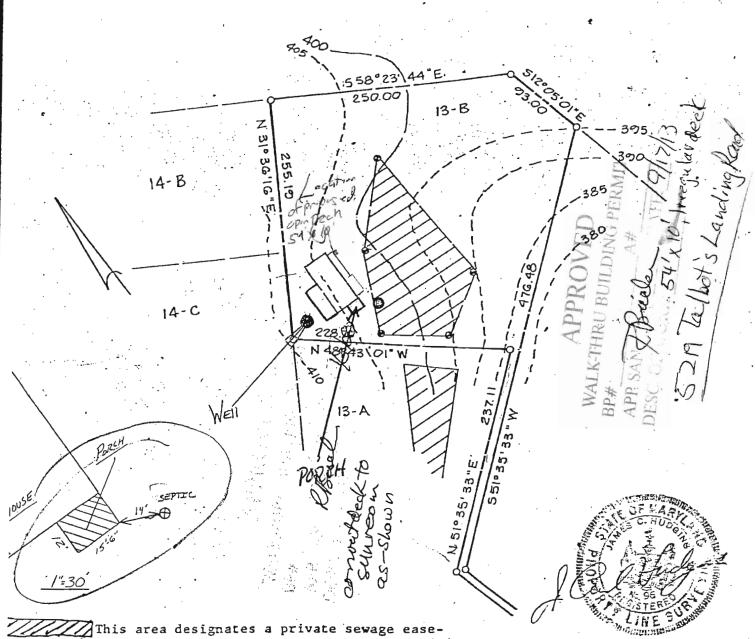
DPZ SETBACK INFORMATION

| Filing Fee           | \$     |
|----------------------|--------|
| Permit Fee           | \$     |
| Tech Fee             | \$     |
| Excise Tax           | \$     |
| PSFS                 | \$     |
| <b>Guaranty Fund</b> | \$     |
| Add'l per Fee        | - \$ - |
| Total Fees           | \$     |
| Sub-Total Paid       | \$     |
| Balance Due          | \$     |
| Check                | #      |

Pink: Health

Gold: SHA

Distribution of Copies:



This area designates a private sewage ease-ent of 10,000 square feet as required by the Maryland tate Department of Health and Mental Hygiene for indicular sewage disposal. Improvements of any nature in his area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health fficer shall have the authority to grant variances for increachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary. ercolation test holes shown hereon have been field ocated and shown as "."

he lots shown hereon comply with the minimum ownerhip width and lot areas as required by the Maryland tate Department of Health and Mental Hygiene.

ercolation areas and water wells for adjoining lots ave been shown where pertinent.

.PPROVED: For Private Water and Private Sewage Systems

ounty Health Officer

2-17-81

Date

PERCOLATION TEST PLAT
PARCEL 13B

TALBOT'S LAST SHIFT

PROPERTY OF

HOWARD ASSOCIATES

1st Election District

Howard County, Maryland

Scale 1"=100'

Date 2/2/81

NTT Associates Suite 307, Clark Bldg. Columbia, MD 21044 321-0307