



Building Permit Application

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

Date Received: _____

Permit No.: _____

Building Address: 4115 SHARP RD
City: Glen Elg State: _____ Zip Code: _____
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: Deck
Estimated Construction Cost: \$ 6,000 Existing Replace
Description of Work: 14' x 24' Deck with stairs

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Larry Pfeiffer
Address: SAME
City: _____ State: _____ Zip Code: _____
Phone: 410-489-0302 Fax: _____
Email: CALANDLARRY@VERIZON.NET

Applicant's Name & Mailing Address (If other than stated herein)
Applicant's Name: Paul Pilger
Address: 8030 Green Tree Ct
City: Elkridge State: MD Zip Code: 21071
Phone: 301-775-7814 Fax: _____
Email: _____

Contractor Company: MDS
Contact Person: Paul Pilger
Address: 8030 Green Tree Ct
City: Elkridge State: MD Zip Code: 21071
License No. MHC 127788
Phone: 301-775-7814 Fax: _____
Email: ppilger.mds@gmail.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor: <u>316</u>	1 st floor:
	2 nd floor:
Area of construction (sq. ft.): <u>316</u>	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
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 COMPLY 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 DESCRIBED IN THIS 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: Paul Pilger
Email Address: ppilger.mds@gmail.com
Title/Company: Maximad Deck & Stairs

Print Name: Paul Pilger
Date: 6/2/4

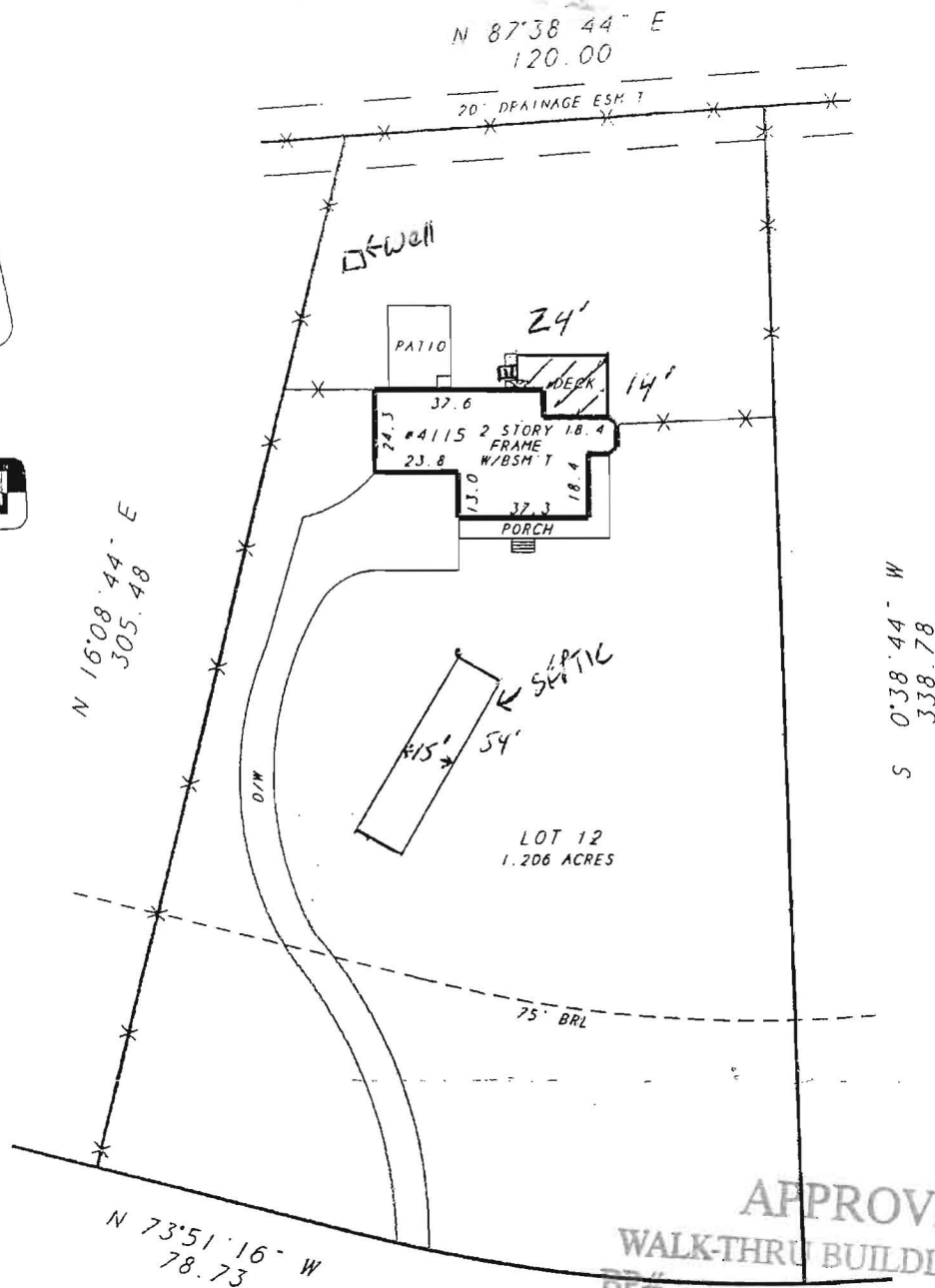
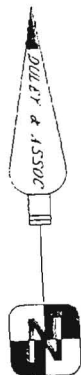
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials	<u>6/2/4</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6-12-14</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

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



SHARP ROAD

APPROVED
WALK-THRU BUILDING PERMIT

BT#
A-127-15
R-470-00

DESC. OF WORK: Replace Existing Deck

DATE: 10-12-14

LOCATION SURVEY OF:
#4115 SHARP ROAD
LOT 12
SECTION 1 AREA 2
THE HERITAGE
5TH ELECTION DISTRICT
PLAT NUMBER 3776
HOWARD COUNTY, MD

SCALE: 1"=50' DATE: 8-10-01

A LAND SURVEYING AND DESIGN COMPANY



**DULEY
AND
ASSOCIATES, INC.**
SERVING D.C. MD. VA.



HOUSE LOCATION SURVEYS
BOUNDARY SURVEYS - ALTA SURVEYS
TOPOGRAPHIC SURVEYS - SITE PLANS

3450 PENNSYLVANIA AVE.
UPPER MARLBORO, MD. 20772

PHONE: 301-888-1111
PHONE: 1-888-88-DULEY

FAX: 301-888-1114
FAX: 1-888-55-DULEY



CASE # 01-10-0316R
DOVE
FILE # 013998-184
DRAWN BY: AD

SURVEYOR'S CERTIFICATE

I HEREBY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO LIE WITHIN FLOOD ZONE C. A FLOOD CERTIFICATION IS RECOMMENDED TO DETERMINE THE EXACT FLOOD ELEVATION AND FLOOD ZONE. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING, OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE