



# 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.: 314000507

Building Address: <u>12160 Scaggsville Road</u>		Property Owner's Name: <u>Christopher L. Rand and Victoria L. Rand</u>	
City: <u>Fulton</u>	State: <u>MD</u> Zip Code: <u>20759</u>	Address: <u>12160 Scaggsville Road</u>	
Suite/Apt. #: _____	SDP/WP/BA #: _____	City: <u>Fulton</u>	State: <u>MD</u> Zip Code: <u>20759</u>
Census Tract: _____	Subdivision: _____	Phone: <u>301-725-0855</u>	
Section: _____	Area: _____ Lot <u>2</u>	Fax: <u>410-792-4694</u>	
Tax Map: <u>0041</u>	Parcel: <u>0062</u> Grid: <u>0013</u>	Email: <u>crand@abramsonandrand.com</u>	
Zoning: <u>RR</u>	Map Coordinates: _____ Lot Size: <u>3.6002</u>	Applicant's Name & Mailing Address, (if other than stated herein)	
Existing Use: <u>Residential</u>		Applicant's Name: _____	
Proposed Use: <u>Same</u>		Address: _____	
Estimated Construction Cost: \$ <u>\$12,000</u>		City: _____ State: _____ Zip Code: _____	
Description of Work: <u>Construction of Pole Barn 30x32'</u>		Phone: _____ Fax: _____	
Occupant or Tenant: <u>N/A</u>		Email: _____	
Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Contractor Company: <u>Pioneer Pole Buildings</u>	
Contact Name: <u>Christopher L. Rand</u>		Contact Person: <u>Robert Greene</u>	
Address: <u>12160 Scaggsville Road</u> City: <u>Fulton</u> State: <u>MD</u>		Address: <u>716 South Route 183</u>	
Zip Code: <u>20759</u>		City: <u>Schuylkill Haven</u> State: <u>PA</u> Zip Code: <u>17972</u>	
Phone: <u>410-446-1616</u> Fax: <u>410-792-4694</u>		License No.: <u>82292</u>	
Email: <u>Crand@abramsonandrand.com</u>		Phone: <u>570.739.0078</u> Fax: <u>888.448.2515</u>	
		Email: _____	
		Engineer/Architect Company: _____	
		Responsible Design Prof.: _____	
		Address: _____	
		City: _____ State: _____ Zip Code: _____	
		Phone: _____ Fax: _____	
		Email: _____	
<b>Commercial Building Characteristics</b>		<b>Residential Building Characteristics</b>	
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<input type="checkbox"/> Depth <input type="checkbox"/> Width	
No. of stories: _____	<input type="checkbox"/> 1 <sup>st</sup> floor:	<input type="checkbox"/> 2 <sup>nd</sup> floor:	
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Basement:	<input type="checkbox"/> Finished Basement	
Area of construction (sq. ft.): _____	<input type="checkbox"/> Unfinished Basement	<input type="checkbox"/> Crawl Space	
Use group: _____	<input type="checkbox"/> Slab on Grade	No. of Bedrooms: _____	
<b>Construction type:</b>	<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> State Certified Modular	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular		No. of 2 BR units: _____	
		No. of 3 BR units: _____	
		Other Structure: _____	
		Dimensions: _____	
		Footings: _____	
		Roof: _____	
		<input type="checkbox"/> State Certified Modular	
		<input type="checkbox"/> Manufactured Home	
<b>Utilities</b>		<b>Water Supply</b>	
<input type="checkbox"/> Public		<input type="checkbox"/> Private	
<b>Sewage Disposal</b>		<input type="checkbox"/> Public	
<input type="checkbox"/> Private		<input type="checkbox"/> Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil		<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____		<b>Sprinkler System:</b>	
<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: Christopher L. Rand Print Name: Christopher L. Rand  
Email Address: crand@abramsonandrand.com Date: 2/25/14  
Title/Company: \_\_\_\_\_

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		
PS&A (Zoning)		
PS&A (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DP2 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	\$	25.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	

Distribution of Copies: White: Building Officials

Green: PS&A Zoning

Yellow: PS&A Engineering

Pink: Health

Gold: SHA

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Christopher L. Rand	MAP 0041
Victoria L. Rand	GRID 0013
12150 Seaggsville Rd.	Parcel 0062
Fulton, MD 20759	LOT 2
	Plat 20442

12160 Seaggsville Rd.  
District 05 Account #453968

