



Applicant wishes to pick up permit once issued

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: 8-1-14

Permit No.: B14002786

Building Address: 13078 Saint Patricks Ct.
City: Highland State: MD Zip Code: 20777
Suite/Apt. # n/a SDP/WP/BA #:
Census Tract: Subdivision: White Oak Estates
Section: Area: Lot: 24
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size: 110,741 SF

Existing Use: Primary residence
Proposed Use: Primary residence
Estimated Construction Cost: \$ 11,000 +/-
Description of Work: Partial repair/rebuild deck and railings (original footings OK) for a larger shared deck.
73' x 20' ft with 4 steps & walkway
Occupant or Tenant: Occupant
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: V. Michael Straus
Address: 13078 Saint Patricks Ct.
City: Highland State: MD Zip Code: 20777
Phone: 301-854-1661 Fax: 301-854-2666
Email:

Property Owner's Name: Michele Mannion Straus (formerly Michele A. Hood)
Address: 13078 Saint Patricks Ct.
City: Highland State: MD Zip Code: 20777
Phone: 301-854-1661 Fax: 301-854-2666
Email:

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: V. Michael Straus
Address: 13078 Saint Patricks Ct.
City: Highland State: MD Zip Code: 20777
Phone: 301-854-1661 Fax: 301-854-2666
Email: VMS100@verizon.net

Contractor Company: Michele M. Straus
Contact Person: Michael Straus
Address: 13078 St. Patricks Ct.
City: Highland State: MD Zip Code: 20853-20777
License No.:
Phone: 301-854-1661 Fax: 301-854-2666
Email:

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: 28.7 +/- 70.2 +/-
	2 nd floor: 28.7 +/- 70.2 +/-
Area of construction (sq. ft.):	Basement:
	<input checked="" type="checkbox"/> Finished Basement Partial
Use group:	<input checked="" type="checkbox"/> Unfinished Basement Partial
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 3
<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 checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: Propane <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" 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: [Signature]
V. Michael Straus
Print Name
vms100@verizon.net
Email Address
08/01/2014
Date
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		
PSZA (Zoning)		
PSZA (Engineering)		
Health	8/1/14	[Signature]

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 #	20