



Building Permit Application

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

Date Received: _____

Permit No.: _____

Building Address: 1035 Woodmark Rd
 City: Ellicott City State: MD Zip Code: 21043
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Woodmark
 Section: B Area: _____ Lot: 7
 Tax Map: _____ Parcel: 03-19328 Grid: _____
 Zoning: Residential Map Coordinates: _____ Lot Size: 1+/-

Property Owner's Name: Allen W. & J. L. Allen
 Address: 1234 W. 1st St.
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 410-555-0123 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: At S. S. Inc
 Contact Person: Chris Chubb
 Address: 9834 Liberty Pl
 City: Farmers State: MD Zip Code: 21043
 License No.: 121083
 Phone: 301-899-7400 Fax: 301-899-7977
 Email: ms@atssinc.com

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

Existing Use: None
 Proposed Use: Swim Room
 Estimated Construction Cost: \$ 126,000
 Description of Work: Crawl space, Wood frame
Roadside tree project, Hardwood floors
Relocate foundation, new SWP system
 Occupant or Tenant: _____
 Was tenant space previously occupied? ☐ Yes ☐ No
 Contact Name: _____
 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: <u>1</u> | Depth: _____ Width: _____ |
| Gross area, sq. ft./floor: _____ | 1 st floor: <u>19'</u> 30" |
| | 2 nd floor: <u>11'</u> 11" |
| Area of construction (sq. ft.): <u>472</u> | Basement: _____ |
| Use group: _____ | <input type="checkbox"/> Finished Basement |
| | <input type="checkbox"/> Unfinished Basement |
| | <input checked="" 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 checked="" 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: _____ |
| > Roadside Tree Project Permit | Footings: _____ |
| <input type="checkbox"/> Yes <input 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 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 checked="" 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: [Signature]
 Email Address: ms@atssinc.com
 Title/Company: Owner

Print Name: Robert J. Aillaud
 Date: 8-29-14

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 | | |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START | | |

DPZ SETBACK INFORMATION

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: _____

| | |
|----------------|----|
| Filing Fee | \$ |
| 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: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

North
SCALE 1" = 50'

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

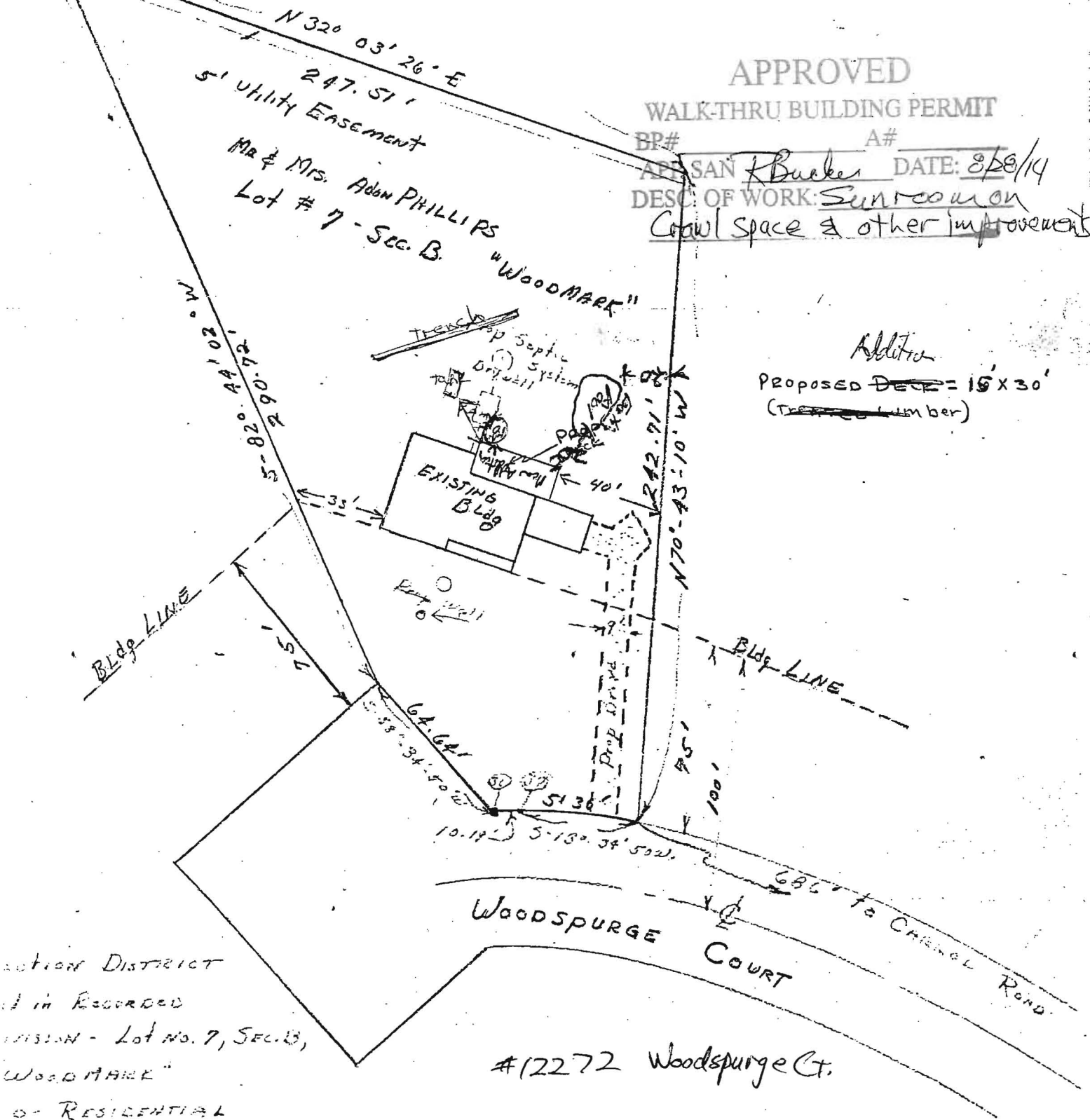
APPROVED BY: K. Buckner

DATE: 8/28/14

DESC. OF WORK: Sanitary
Crawl space & other improvements

Addition

PROPOSED DECK = 15' X 30'
(Treated Lumber)



Section District
in Recorded
Division - Lot No. 7, Sec. B,
Woodmark"
of Residential

#12272 Woodspurge Ct.

Water & Sewer Not Available