

Suite/Apt. #\_

Section:

Zoning: \_

Тах Мар: \_\_

Proposed Use:

Occupant or Tenant:

Contact Name: \_\_\_

Address:

City: Phone:

Email:

Height:

No. of stories:

Use group:

Gross area, sq. ft./floor:

☐ Reinforced Concrete

☐ State Certified Modular

□Yes

Title/Company

☐ Structural Steel

☐ Masonry

☐ Wood Frame

Area of construction (sq. ft.):

Census Tract: \_

Building Address: 12217 Rumina

\_\_\_\_ Parcel:\_

SDP/WP/BA #:

State:

Fax:

1<sup>st</sup> floor:

2<sup>nd</sup> floor:

Basement:

☐ Crawl Space

☐ Slab on Grade

No. of Bedrooms:

No. of 1 BR units:

No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings:

Roof:

No. of efficiency units:

☐ State Certified Modular

☐ Manufactured Home

Area:

Map Coordinates: \_\_\_

City: Claresville State: Me

Existing Use: Single Family

Was tenant space previously occupied?

Commercial Building Characteristics

Construction type:

Roadside Tree Project Permit

Roadside Tree Project Permit #

Estimated Construction Cost: \$

**Building Permit Application** 

Howard County Maryland Department of Inspections, Licenses and Permits 3430 Court House Drive

Permits: 410-313-2455 www.howardcountymd.gov

> Phone: Email:

Zip Code: 21039

30

Lot Size: 37, 235

□No

Subdivision: Walnut

Lot:

Grid:

Zip Code: \_

Residential Building Characteristics

**Multi-family Dwelling** 

☐ SF Dwelling ☐ SF Townhouse

Depth

☐ Finished Basement ☐ Unfinished Basement

Date Received: Permit No.: \_ Zgidi Property Owner's Name: Schai Address: 12217 Running Zip Code: 21039 City: Clarksulle State: Applicant's Name & Mailing Address, (If other than stated herein) Applicant's Name: Psron Sor G.
Address: 5433 Loodb...6 V.
City: State: V. Zip Code: 21029
Phone: 240-335-4658 Fax: 410-546-5446
Email: Psrpo 360 Enattlink, NCT Contractor Company: CLASSIC DOSIGN GOLD TING Contact Person: Yorge Songe Address: 5433 Woodbing Zip Code: 2179 City: Woodhie State: Mal License No.: 83116 Phone: 410-549-5050 Fax: 410-549-5449 Email: Prorge 36 Enothlink, NOT Engineer/Architect Company: \_

ity:State:	_ Zip Code:
hone:Fax: _	
mail:	
Utilities	
<u>Water Supply</u>	
☐ Public	
d Private	
Sewage Disposal	
□ Public	
Private	
Electric:	Salar Financia
Gas: ☐ Yes ☐ No	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☐ No	
PROPERTY OF THE PROPERTY OF TH	
Grading Permit Number:	

THE UNDERSIGNED HEREN 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) HAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. OFGR

Print Name

Applicant's Signature Psora Email Address (P

□No

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 re ☐ 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 Ś Sub-Total Paid **Balance Due** Check

Distribution of Copies:

White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

