



# 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: 4807 Rivercrossing Ct  
City: Ellicott City State: MD Zip Code: 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SF Home  
Proposed Use: SF Home w/ deck  
Estimated Construction Cost: \$ 30,000  
Description of Work: To build approx 564 sqft deck w/ steps to grade

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"/> SE Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
<b>Construction type:</b>	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: <u>deck</u>
	Dimensions: <u>16x34</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>concrete</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Cleckler  
Address: 4807 Rivercrossing  
City: Ellicott City State: MD Zip Code: 21042  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: pattycleckler@aol.com

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: Edward Pacylowski  
Address: 13330 Clarksville Pike  
City: Highland State: MD Zip Code: 20777  
Phone: 301-854-0821 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: Pro Built Construction Inc.  
Contact Person: Edward Pacylowski  
Address: 13330 Clarksville Pike  
City: Highland State: MD Zip Code: 20777  
License No.: 20247  
Phone: 301-854-0821 Fax: \_\_\_\_\_  
Email: edward@probuiltconstruction.com

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

Utilities
<b>Water Supply</b>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<b>Sewage Disposal</b>
<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
<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
<b>Grading Permit Number:</b> _____
<b>Building Shell Permit Number:</b> _____

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: \_\_\_\_\_  
Email Address: edward@probuiltconstruction.com  
Title/Company: Owner/CEO

Print Name: Edward Pacylowski  
Date: 1/28/15

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	<u>1/29/2015</u>	<u>R. Buckner</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: _____

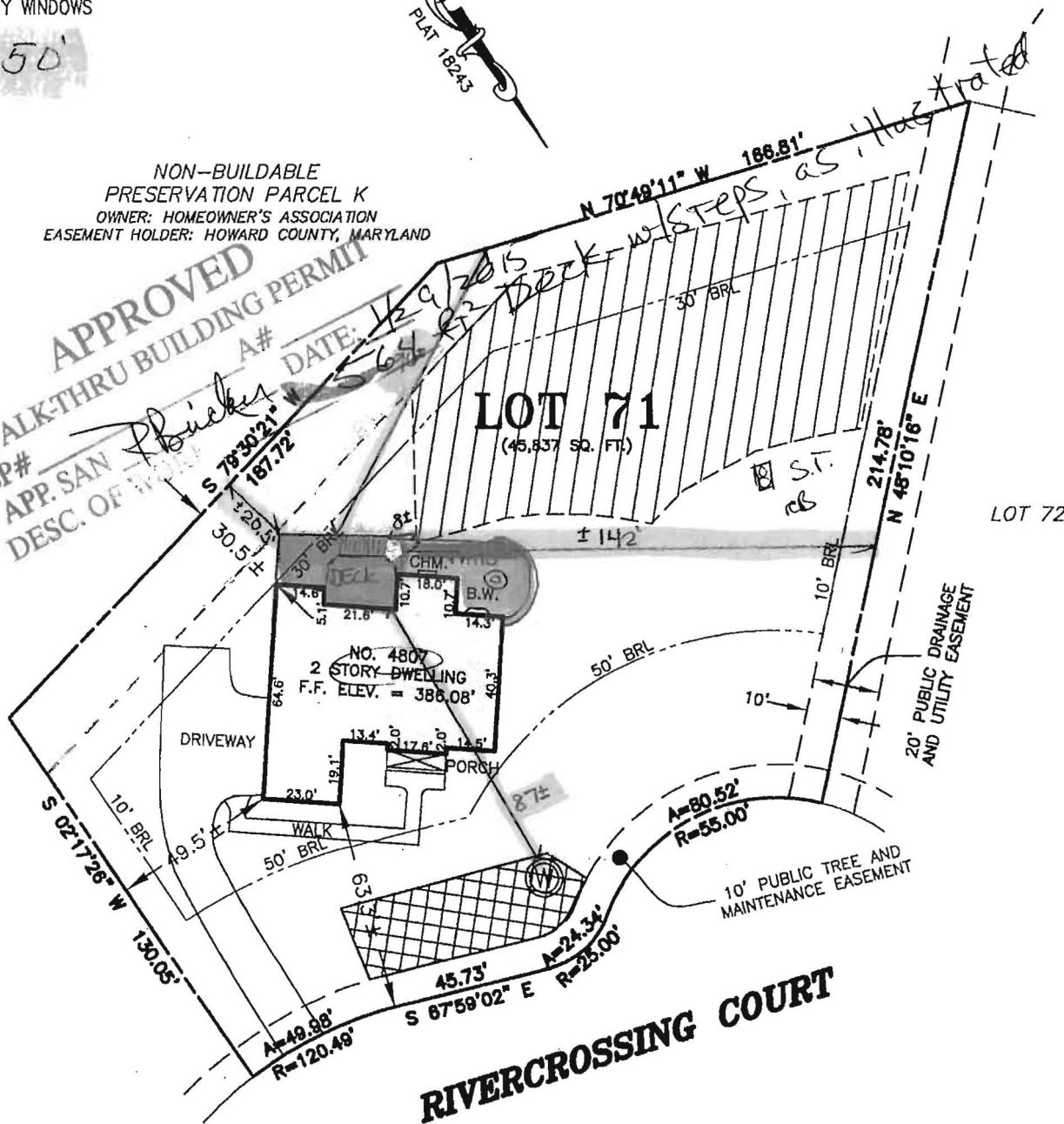
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

$$1'' = 50'$$

PLAT 18243

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# \_\_\_\_\_ DATE: \_\_\_\_\_  
APP. SAN \_\_\_\_\_  
DESC. OF WORK \_\_\_\_\_  
5 78°30'21" 187.72'  
120.5'  
30.5'



ADDRESS: 4807 RIVERCROSSING COURT  
ELLICOTT CITY, MD 21042

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLAN IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN 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 DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

DATE \_\_\_\_\_

LOCATIN DRAWING  
LOT 71  
**HOMWOOD CROSSING**  
LIBER 9808, FOLIO 204  
PLAT NO. 18243  
ELECTION DISTRICT NO. 5  
HOWARD COUNTY, MARYLAND



## Land Planning Engineering

ESE Consultants Inc.  
7164 Columbia Gateway Dr.  
Suite 203