



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: 11805 WAYNERIDGE ST.
City: Fulton State: MD Zip Code: 20759
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: 605102 Subdivision: Moorsetfield
Section: L Area: _____ Lot: 2
Tax Map: 41 Parcel: 274 Grid: 14
Zoning: RR Map Coordinates: 18143 Lot Size: _____

Existing Use: S/F FAMILY
Proposed Use: SAME
Estimated Construction Cost: \$ 300.00
Description of Work: Repair - replace existing steps & landing

Occupant or Tenant: John H. Nolan
Was tenant space previously occupied? Yes No
Contact Name: John H. Nolan
Address: 11805 WAYNERIDGE ST.
City: Fulton State: MD Zip Code: 20759
Phone: 443-366-1110 Fax: _____
Email: _____

Property Owner's Name: John H. Nolan
Address: 11805 WAYNERIDGE ST.
City: Fulton State: MD Zip Code: 20759
Phone: 443-366-1110 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: Home owner / Agent
Contact Person: John H. Nolan
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	<u>4</u>
<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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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: _____

Print Name: John H. Nolan

Email Address: _____

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	<u>3-31-15</u>	<u>Dona Howard</u>

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	\$	<u>55.00</u>
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

House

Basement

Concrete

deck

Rock Retaining Wall

stairs

Landings

slope

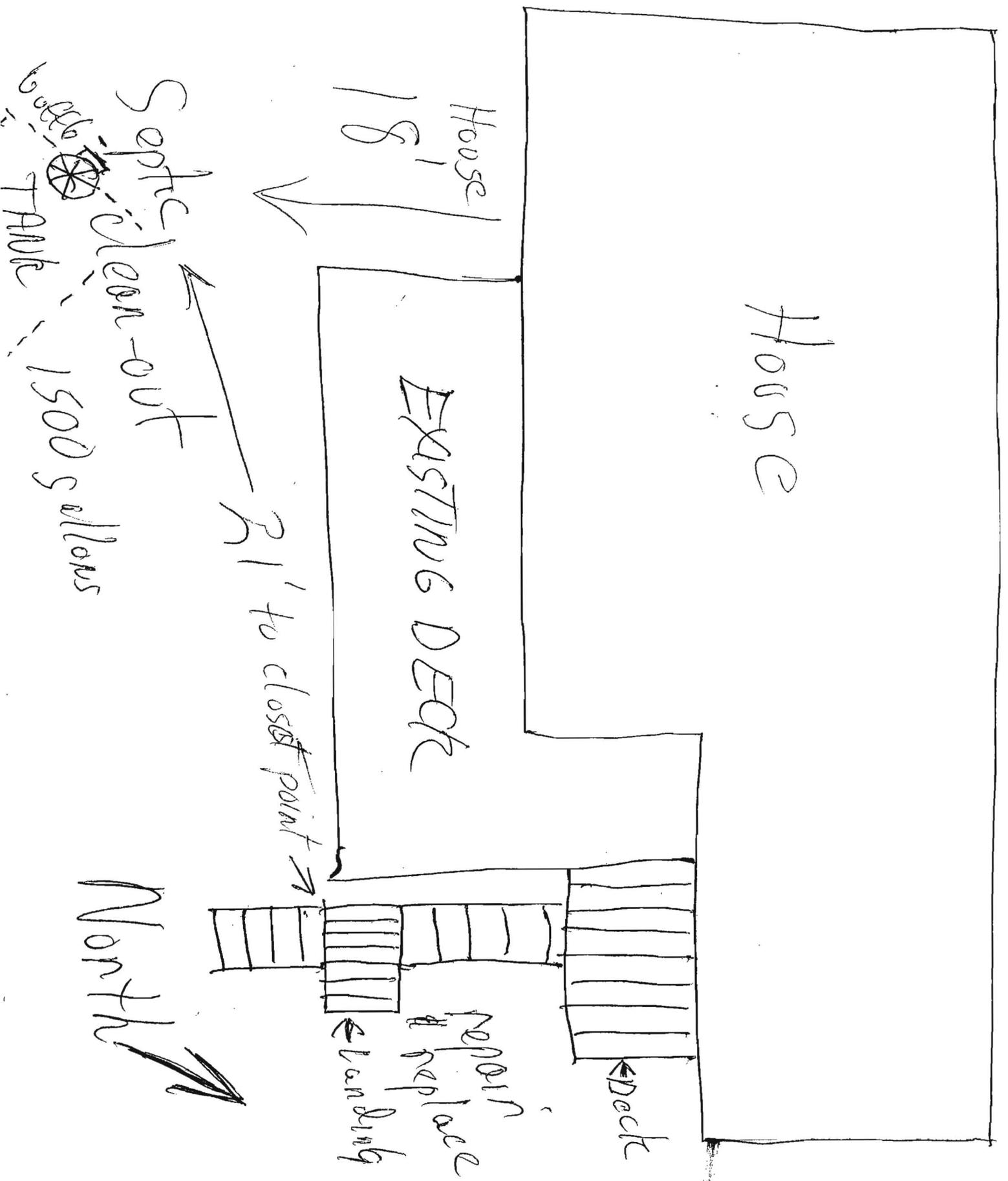
stairs

Dirt

21' closest part Septic clears out



APPROVED
 WALKTHRU BUILDING PERMIT
 BP# _____
 APP. SAN Demand A# _____
 DATE: 3.31-15
 DESC. OF WORK: replace steps for existing deck



House

EXISTING DECK

Septic clean-out

WELL
1500 gallons

18' to closest point

North

Deck

repair & replace
landing

House

18'