

Building Permit Application

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

Date Received:	
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Permit No.: www.howardcountymd.gov Building Address: 5307 HERIE CH DFEFFER KEVIN Property Owner's Name: _ Address: 5307 AERIELF City/LARICSVILLE State: MD Zip Code: 21029 City [ARICSUILLE State: MD Suite/Apt. #______SDP/WP/BA #: Phone: 1402052952 Fax: Email: KKPFEFFEPE HOL com Subdivision: EAGLE POIN Census Tract: Area: 3, 206 AGEC 2 Applicant's Name & Mailing Address, (If other than stated herein) Section: Applicant's Name:_ Tax Map: 0028, Parcel: 0388 Grid: 00/5 Address: Zoning: 185 identi Map Coordinates: City: Zip Code: Phone: Existing Use: 51 NOLE FAMILY RESIDENTIAL Fmail: Contractor Company: #R.T13776 INASONIRY Proposed Use: 5 Am E BYRON HAWKIN Contact Person: ______ Estimated Construction Cost: \$ 5,000 Description of Work: TOT TUB - MASONRY City: ERFOER ICK State: (AD Zip Code: INGROUND License No. 17/7 Occupant or Tenant: OCCUPANT Was tenant space previously occupied? Engineer/Architect Company: Contact Name: KEVIN PFFFFE Responsible Design Prof.: 5307 AERIE Address: City: CLARKSUILLE ____ State: M D ___ Zip Code: 2/0 29 ___State: ______ Zip Code: __ acc. com Email: **Commercial Building Characteristics** Residential Building Characteristics Utilities SF Dwelling SF Townhouse Height: Water Supply No. of stories: Depth ☐ Public 1st floor: 30 Gross area, sq. ft./floor: 401 Private 2nd floor: 301 40 Sewage Disposal Area of construction (sq. ft.): Basement: 30' ☐ Public ☐ Finished Basement Unfinished Basement Private Use group: Crawl Space Electric: □ No ☐ Slab on Grade Construction type: Gas: ☐ Yes ₽ No ☐ Reinforced Concrete No. of Bedrooms: Heating System ☐ Structural Steel Multi-family Dwelling Electric □oil ☐ Masonry No. of efficiency units: ☐ Wood Frame No. of 1 BR units: ☐ Natural Gas ☐ Propane Gas ☐ State Certified Modular No. of 2 BR units: ☐ Other: No. of 3 BR units: Sprinkler System: Other Structure: ☐ Yes Dimensions: Roadside Tree Project Permit Footings: No **Grading Permit Number:** □Yes Roof: ☐ State Certified Modular Roadside Tree Project Permit A ☐ Manufactured Home **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 HIGH WARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (3) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

DPZ SETBACK INFORMATION

 PLE	43E M	KHE NEA	ILT OF	TEGIBTI
	FOR	OFFICE	USE	ONLY-

Front:

Rear:

Side St.:

AGENCY DATE SIGNATURE OF APPROVAL State Highways **Building Officials** PSZA (Zoning) PSZA (Engineering) 3/30/16 H.Oses Health Is Sediment Control approval required for Issuance?

Yes

No CONTINGENCY CONSTRUCTION START

All minimum setbacks met? ☐ Yes ☐ No Is Entrance Permit Required? ☐ Yes ☐ No Historic District? Lot Coverage for New Town Zone: SDP/Red-line approval date:

Filing Fee Permit Fee Tech Fee **Excise Tax Guaranty Fund** Add'I per Fee **Total Fees** Sub- Total Paid **Balance Due** Check #

Distribution of Copies:

Title/Company

White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA, Engineering

☐ Yes ☐No

Pink: Health

Gold: SHA

