

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

Date Received: _____

Permit No.:

(om

Building Address: 13965	BURNTWEEDS RD	Property Owner's Name: TASCAU	MACKEY
	e: MU) zip Code: 21737	Address: 13965 ESUPINT	LUSTON CITY
City: City: State	e: 11 V/ Zip Code: C: 13 /	City: GIONEIG State: M	n _ Zip Code: 2173
Suite/Apt. #S	DP/WP/BA #:	Phone:Fa	ix:
Census Tract:	Subdivision:	Email:	
	rea:Lot: '	Annilland Name Catalina adda - 116 -	handhan stand handa)
		Applicant's Name & Mailing Address, (If of Applicant's Name:	ner than stated nerein)
Tax Map:Parce	l: Grid:	Address:	
Zoning: Man Coordi	nates: Lot Size:	City:State:	Zin Code:
		Phone: Fax:	
Colorino Harri		Email:	
Existing Use:	a Carl in 110	T	17-12
Proposed Use: TNGROW	10 100 20 × 40	Contractor Company: Town CP	tte
Estimated Construction Cost: \$	65000	Contact Person: STE UE CLA	WC4
the state of the s	ROOMS GUNITE	Address: RO. BOX 190	The land of the same
	1200,010	City: LISDON State: ND	Zip Code: 21/65
<u> </u>		License No. : 4490 & Phone: 443-266-1198 Fax: 4	
	v.	Phone: 443-266-7199 Fax: 6	143-266-7095
		Email: SCLANCY @ TOWN CYC	er landscaping
Occupant or Tenant:			
Was tenant space previously occupie	d? □Yes □No	Engineer/Architect Company:	
Contact Name			
CONTACT NAME.		Responsible Design Prof.:	
Address:		Address:	
City:	State: Zip Code:	City:State:	Zin Code:
	Fax:		
Phone:	_Fax:	Phone: Fax:	
Email:		Email:	
Commercial Building Characteristics		Utilities	
Height:	☐ SF Dwelling ☐ SF Townhouse	Water Supply	
No. of stories:	Depth Width	☐ Public	
Gross area, sq. ft./floor:	1 st floor:	□ Private	
	2 nd floor:	Sewage Disposai	
Area of construction (sq. ft.):	Basement:	□ Public	
N	☐ Finished Basement		
Use group:	☐ Unfinished Basement	☐ Private	
	☐ Crawl Space	Electric: ☐ Yes ☐ No	
Construction type:	☐ Slab on Grade	Gas: ☐ Yes ☐ No	
☐ Reinforced Concrete ☐ Structural Steel	No. of Bedrooms:	Heating System	
☐ Masonry	Multi-family Dwelling No. of efficiency units:	☐ Electric ☐ Oil	
☐ Wood Frame	No. of 1 BR units:		
State Certified Modular	No. of 2 BR units:	□ Natural Gas □.Propane Gas	
State Certified Woodslar	No. of 3 BR units:	Other:	
	Other Structure:	Sprinkler System:	
	Dimensions:	☐ Yes ☐ No	
> Roadside Tree Project Permit	Footings:		
Yes □No	Roof:	Grading Permit Number:	
Roadside Tree Project Permit #	State Certified Modular		
The state of the s	☐ Manufactured Home	Building Shell Permit Number:	
	1	Tanana Siran Cinac Hamber.	
WITH ALL AEGULATIONS OF HOWARD COUNTY THIS APPLICATION (STHAT HESHER PRANTS OF Applicant's Signature SCAWCLO TOWN	WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WI UNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPE	nt Name	RTY NOT SPECIFICALLY DESCRIBED IN
Email Address	Da	te	
V.C			
Title/Company			
	Checks Payable to: DIRECTOR OF FI	NANCE OF HOWARD COLINTY	
	PLEASE WRITE NEA -FOR OFFICE	TLY & LEGIBLY	

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		N 0
Health	3/23/	6 RR. all

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 Z	one:	
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	#

